

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Ty Hywel and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 23 September 2021	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Private pre-meeting (09.00–09.30)

- 1 Introductions, apologies, substitutions and declarations of interest**
(09.30)
- 2 COVID-19: update on current situation from the Chief Medical Officer for Wales, Chief Scientific Adviser for Health and the Welsh Government's Technical Advisory Cell**
(09.30–10.45) (Pages 1 – 24)
Dr Frank Atherton, Chief Medical Officer
Dr Rob Orford, Chief Scientific Adviser for Health
Fliss Bennée, Co-Chair of Technical Advisory Cell

Research Brief

Paper 1 – Welsh Government

Break (10.45–11.00)



3 General scrutiny session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing

(11.00–13.15)

(Pages 25 – 70)

Eluned Morgan MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Social Services

Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing

Dr Andrew Goodall, Director General Health & Social Services

Albert Heaney, Chief Social Care Officer for Wales

Tracey Breheny, Deputy Director of Mental Health, Substance Misuse & Vulnerable Groups

Research brief

Paper 2 – Welsh Government

4 Paper(s) to note

(13.15)

4.1 Letter from Chair, Finance Committee to Senedd Committees regarding Financial Scrutiny for the Welsh Government Draft Budget 2022–23

(Pages 71 – 74)

4.2 Letter from Chair, Children Young People and Education Committee to Committee Chairs regarding Children and young people's priorities for the Sixth Senedd

(Pages 75 – 76)

4.3 Letter from Healthcare Inspectorate Wales regarding its Service of Concern process for NHS Bodies in Wales

(Pages 77 – 88)

4.4 Response from the Welsh Government to the Fifth Senedd Health, Social Care and Sport Committee's Legacy Report

(Pages 89 – 90)

4.5 Letter to the then Minister for Health and Social Services regarding key themes which emerged from the final phase of the predecessor's

Committee's inquiry into the impact of the COVID-19 pandemic, and the response to it, on health and social care in Wales

(Pages 91 – 102)

- 4.6 Response from the Minister for Health and Social Services and Deputy Minister for Social Services regarding the key themes which emerged from the final phase of the predecessor's Committee's inquiry into the impact of the COVID-19 pandemic, and the response to it, on health and social care in Wales**
- (Pages 103 – 122)
- 4.7 Letter from Chair, Equality and Social Justice Committee to Senedd Committees regarding joint working in the Sixth Senedd**
- (Page 123)
- 4.8 Letter from Altaf Hussain MS to Chair of the Equality and Social Justice Committee regarding Royal National Institute of Blind People (RNIB) Cymru**
- (Pages 124 – 125)
- 4.9 Response from Chair, Equality and Social Justice Committee to Altaf Hussain MS regarding Royal National Institute of Blind People (RNIB) Cymru**
- (Page 126)
- 4.10 Response from the Welsh Government to the Fifth Senedd Health, Social Care and Sport Committee's report on Health and social care in the adult prison estate in Wales**
- (Pages 127 – 142)
- 4.11 Letter to Business Committee regarding the Sixth Senedd Committee timetable**
- (Pages 143 – 145)
- 5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting and from the meeting on 7 October**
- 6 COVID-19 and general scrutiny: Consideration of evidence**
(13.15–13.25)

7 Forward work programme

(13.25–13.30)

(Pages 146 – 149)

Paper 3 – Forward Work Programme

8 Legislative Consent Memorandum on the Health and Care Bill

(13.30–13.45)

(Pages 150 – 173)

Paper 4: LCM on the Health and Care Bill

LCM on the Health and Care Bill: Annex A

LCM on the Health and Care Bill: Legal Advice Note: Annex B

Document is Restricted

Written evidence for Health and Social Services Committee

- **Update on the COVID-19 pandemic, including the impact of the easing of restrictions over the summer.**

The coronavirus pandemic is far from over. The potential for significant direct and indirect harms remains very significant. COVID-19 should be viewed as an on-going and unprecedented challenge to public health.

Cases of COVID-19 have increased across Wales and they are likely to increase further as school and university teaching resumes. It is currently difficult to predict with any certainty what impact the relaxations and increased social mixing at Alert level 0 have had and will continue to have on the public health situation, however the observed rising cases (481 cases per 100,000 people at the time of writing) and high positivity rate 18.7% indicate that the disease should be carefully monitored through local, regional and national surveillance. The UK Joint Biosecurity Centre consensus estimate of the reproduction number for Wales is between 1.2 and 1.4 (as at 10 August 2021), while Public Health Wales estimate is between 1.5 and 1.6 (25 August 2021). Note that JBC's estimate is typically lagged by 2-3 weeks while Public Health Wales estimate, which uses a different methodology, is lagged by around 1 week.

Whilst high vaccination rates have significantly affected the ratio between recorded COVID infections and the most serious effects of the disease, the number of new daily admissions to hospitals with suspected or confirmed COVID-19 is increasing. Total hospital occupancy now higher than in previous waves, although the majority of patients are not associated with COVID-19. However, in general, the ratio of cases to hospitalisations and deaths remains low, with numbers of COVID-related deaths, and COVID-related admissions to ICU remaining lower when compared to the same point in previous waves. We continue to monitor the position very closely; press ahead with the vaccination priorities; and continually assess the appropriateness of measures to reduce transmission.

- **Vaccination, including COVID boosters and flu.**

Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19. At the time of writing, almost 2.4 million (90.7%) people in Wales aged 16+ (based on the 2020 mid-year estimates) have received a first dose of the COVID19 vaccination, and almost 2.2 million (84.2%) people have received a second dose.

Efforts to boost take-up continues, with a range of actions in place to enable easy access and build trust, for example utilising outreach vaccination and pop up clinics in a targeted way.

The first dose of a Covid vaccine now also being offered to all 16 and 17 year olds and is targeted to those who are aged 12-17 years and deemed clinically at risk, in line with Joint Committee on Vaccination and Immunisation (JCVI) recommendations. Data from Public Health Wales suggests that more than 67% of 16 and 17 year olds (based on data in the Welsh Immunisation System) have now received a first dose.

Disparities in vaccination coverage between socio-economic, age groups and ethnic groups as well as internationally remain important and efforts continue to seek to address the underlying reasons for vaccine hesitancy such as historical marginalisation and concerns regarding safety and potential long term effects on health. Examples include engagement events with religious/cultural groups, use of influencers, webinars in various languages and 'Ask the experts' public events.

In the meantime, the COVID-19 Vaccination programme has been planning for the autumn booster based on the JCVI interim advice. Subject to the final JCVI advice, the booster programme will start from September with the most vulnerable groups and their carers.

Emerging evidence on waning immunity will need to be interpreted for Wales such the predicted impacts are understood and used to guide action.

- **Flu vaccination**

Last winter, uptake of influenza vaccination was the highest ever recorded in Wales and this coming season the challenge is to see influenza vaccination maximised in priority groups who are most at risk of catching flu and suffering severe outcomes, or who are at higher risk of infecting other people.

In particular, we need to prepare for potentially higher levels of influenza circulating, along with other seasonal causes of respiratory infections, given the low levels recorded throughout 2020-21. Achieving a high vaccination uptake will be an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may again be managing winter outbreaks of Covid-19.

The 2021-22 flu programme will again include all people aged 50 to 64 years, who should be offered influenza vaccination alongside others as part of the main campaign. In addition, for 2021-22 the vaccination programme will be extended further to include all children in secondary school years 7 to 11.

Public Health Wales, working closely with Welsh Government colleagues will deliver a comprehensive communication campaign encouraging all those who are eligible for the flu vaccine to avail of the opportunity.

- **Disaggregated data/modelling to explore impacts on/issues for particular groups/communities.**

During the first phase of the pandemic we gained a greater understanding of how COVID-19 was directly affecting people's health depending on factors such as their age, sex, ethnicity, their underlying health status and their socio-economic conditions. The indirect effects of the disease and responses to it have also affected people differently. For example, COVID cases, admissions and deaths have been around twice as high in the most deprived than the least deprived quintile of Welsh Index of Multiple Deprivation (these are age standardised rates so not related to differences in age structure). Wales/Office for National Statistics analysis continues to show people from ethnic minorities have been more affected by COVID-19 even after controlling for socioeconomic disadvantage. Reduced economic activity in the pandemic has especially affected young people entering the labour market.

The mental health of health and social care workers is important both for the well-being of individuals working in these sectors as well as overall sustainability of the sector, particularly as the COVID-19 pandemic extends into Winter 21/22. Following a rapid review¹, evidence suggests there has been a substantial adverse impact on the mental health of health and social care workers. Female staff, people with pre-existing or prior mental health disorder and having worries about COVID-19 transmission/ PPE may require most support. It is also worth noting that the Social Care sector may be seeing more than average turnover of staff at a time when the need for domiciliary and residential care workers is increasing. Wales continues to work with the ONS and academic experts to understand the impact that a drain on the social care sector may have over the winter and beyond.

- **Emerging or potential variants.**

The risk of a novel variant emerging that has a transmission advantage, escape from immunity, or leads to more severe health outcomes or a combination of these factors remains a realistic possibility. The Delta variant is the current predominant variant in Wales, continuing to account for the majority of newly confirmed and sequenced cases. New variants of SARS-CoV-2 are related to the amount of circulating virus, with higher rates of circulation and transmission creating opportunities for new variants to emerge. One of the biggest risks to our vaccination programme and the easing of restrictions is that existing vaccines are not effective, which could result in a greater risk of the NHS becoming overwhelmed as people once again become seriously ill with a new strain of coronavirus, despite having had a vaccination.

The previous waves have shown that the ingress and growth of a new variant occurs over a brief period, 7-8 weeks. Reducing transmission and employing strategies that break chains of transmission, increasing vaccination, monitoring new variants and being able to update vaccinations are key to an early and effective response. Careful monitoring of sensitive populations and settings, at local and regional levels as well as

¹ Impact of the COVID-19 pandemic on the mental health of health and social care workers within the UK. RR_00002. (July 2021) Available here:

engagement at a UK and international level continues to be important preventative strategy.

SARS-CoV-2 is primarily a human disease and the driver of community and international spread remains human-to-human transmission². To date there is no evidence of an animal species acting as an epidemiologically significant reservoir of infection to humans.

Representative and targeted genomic sequencing and analysis will therefore continue to be an important feature of our response, particularly in identifying and characterising new variants – although the purposes of pathogen genomics are broader.

- **International travel**

International travel continues to pose risks of importing coronavirus infection to Wales, especially Variants of Concern. Robust border health measures are required to help prevent importing infection and mitigate onward transmission risks. A suite of measures exists to mitigate risks, including passengers being required to provide personal/travel details and evidence of a negative coronavirus test before travel to the UK, and adhere to post-arrival quarantine and testing regimes. A country risk-rating policy determines post-arrival testing and quarantine regimes.

There have been recent changes to border health measures, notably the removal of quarantine and relaxation of testing requirements for fully vaccinated adult arrivals from amber-list countries. These changes are not without risk; they weaken the line of defence on importing infection and increase opportunities for variant infections to arrive in the UK and Wales. Vaccines can help reduce this risk, but only if effective against Variants of Concern and high-risk Variants under Investigation.

The border health measures in place across the UK go some way to continue to protect against the importation of infection and the introduction of variants. A four-nations collaborative approach is critical to evaluate and implement effective border

² [SARS-CoV-2 in animals – Situation Report 2 \(oie.int\)](https://www.oie.int/sars-cov-2-in-animals-situation-report-2/)

control arrangements. Since Wales shares an open border with England, and most arrivals to Wales enter through ports outside Wales, it is ineffective to have separate policy arrangements for Wales.

Public health risks linked to international travel are kept under review by the UK Joint Biosecurity Centre; their three-weekly risk assessment cycle considers global epidemiological data, sequencing capabilities and Variant of Concern reporting, vaccine coverage and traveller volumes, amongst other metrics. This underpinning process of assessing global risks in the context of travel to the UK remains crucial, as does the need to ensure good compliance with testing requirements (and genomic sequencing) to generate robust surveillance data; both can inform action to mitigate risks through timely policy intervention and legislation change.

- **Modelling of the future trajectory of the pandemic, in particular as we move towards the winter, and potential impact of other factors e.g. flu.**

There is more complexity in the system now that society is more open, which brings much greater uncertainty to modelling. Uncertainties remain including: the further evolution of SARS-CoV-2, reinfection and waning immunity, seasonality, coinfections and potential future status as an endemic disease. The dynamics in the coming months are highly unpredictable and even a short period of raised transmission could be very problematic if prevalence is already high (“at limit”) – there could be very little room to manoeuvre to reduce prevalence (perhaps 1-2 doublings, 10-20 days). This risk is exacerbated if ‘flu and other infections also feed into healthcare demand also if acquired immunity wanes significantly in the near term. Reduction in COVID might be required to make space for other infections. The reintroduction of NPI would also reduce both COVID and ‘flu (and other infections).

Winter may prove challenging with the re-emergence of other seasonal acute respiratory infections alongside COVID-19. Due to the change in transmission dynamics caused as a result of the measures to control COVID-19 there may be a period of unpredictable epidemics of these diseases before their normal seasonal patterns return. If circulating infections interact it could take a considerable amount of

time to establish an equilibrium (e.g. RSV season might shift to an earlier pattern of circulation).

Short and medium term forecasting alongside longer term policy modelling with (revised assumptions) will be key to policy decisions. For example if waning immunity is shown to significantly increase hospitalisations of extremely clinical vulnerable and older people in the short to medium term (e.g. over winter), this could create additional and unsustainable pressure of the NHS and social care.

Other respiratory viruses like influenza (flu) and respiratory syncytial virus (RSV) can also be modelled. These viruses were largely absent in winter 2020/21 but are likely to recur, and may rebound at a higher rate than a typical winter, partly due to an 'immunity debt', for instance in 1-2 year olds who have not been exposed to RSV. The incidence of RSV in children is increasing quickly, with the RSV season starting 15 weeks earlier than normal in Wales. Both flu and RSV may show asynchronous growth in different parts of Wales, and the impact of flu will depend on type, clade and vaccine composition.

It may be that individual behaviours around wearing face coverings, self-isolation and staying at home with symptoms, and other changes in terms of infection prevention and control in health and social care, will have longer term effects in preventing transmission of several viruses, but this remains to be seen, and we need to prepare for the possibility of very challenging conditions with lots of viruses in circulation. Modelling shared with JCVI has suggested that the 2021-22 flu season could be 50%-100% higher than a typical season and could peak at a different time.³

A planned health protection response to respiratory illness for the winter is underway. It has the following aims;

- Reduce impact of Covid-19 and influenza infections through effective delivery of both vaccination programmes and other pharmaceutical interventions.

³ [JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-interim-advice-potential-covid-19-booster-vaccine-programme-winter-2021-to-2022)

- Deliver a comprehensive surveillance programme that: provides timely intelligence on incidence of respiratory infections; allows for rapid detection of incidents and outbreaks and supports the public health system to take appropriate action to reduce harm.
 - Deliver a testing strategy that allows for rapid identification of causative virus in those who are symptomatic.
 - Deliver a targeted contact-tracing model.
 - Ensure key settings, such as health and social care, prisons and other critical services, are supported by appropriate guidance on management of respiratory outbreaks.
 - Through effective communication support the public to reduce personal risk of respiratory viral illness through frequent hand washing, respiratory etiquette, social distancing and mask wearing where advised to do so.
 - Through collective action minimise wider harms incurred through our response to respiratory outbreaks or epidemics.
- **The roles of legislation, guidance and messaging in the ongoing response to the pandemic.**

As set out in the public document [Coronavirus Control Plan: Alert Level Zero \(July 2021\)](#) the latest phase of the pandemic emphasises the need to collectively manage; with the joined up efforts of government, individuals, the private sector, the third sector and others.

Remaining legislation focuses on areas where people do not have a choice or full control over managing their own personal risks (such as going to work or accessing services) and includes legal requirements to self-isolate, legal requirements on businesses, employers and other organisations to carry out a coronavirus risk assessment and put in place reasonable measures to mitigate the risk of spreading coronavirus, and legal requirements to wear face coverings in indoor settings. We continue to ask people in Wales to work from home where they can; this is a reasonable measure we expect employers to put in place where appropriate.

Despite this legislation remaining in place, many of the detailed restrictions have been taken out of regulations. This places more emphasis on people managing their own personal risk. The move to alert level zero has required a distinct new phase in public communications, with a greater emphasis on normalising protective behaviours to curtail the spread of the virus. The Welsh Government has produced a smaller suite of core guidance to communicate the on-going restrictions in place and to reiterate important messages to the public and key stakeholders which focus on what people should be doing as opposed to what they legally cannot. This is aimed at helping people manage their own risks and to support businesses and other organisations carry out their required risk assessments.

Changes in population behaviours (which may be different in different groups) and in particular how quickly they return to pre-pandemic levels are a key uncertainty. The peak of the resurgence will be much lower if the return to pre-pandemic behaviours is gradual, irrespective of legislative decisions (i.e., any changes happen over several months) than if it is rapid, and if more measures to reduce transmission are maintained (high confidence).

As restrictions are lifted remains important for messaging to communicate the continued risks from COVID-19 and effective mitigations, including information on how to minimise within household spread. SAGE advises that continuing to provide near real time local information on prevalence is necessary to develop models and design appropriate interventions effectively⁴. Communication targeted to both individuals and organisations will be important.

- **Indicators and measures in respect of indirect harms from the pandemic and the response to it.**

⁴ [SPI-M-O: Local interventions and spatial scales, 6 August 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/sage-recommends-local-interventions-to-reduce-spread-of-covid-19)

There is considerable debate around the impact of measures to contain SARS-COV-2 outbreaks. In Welsh Governments' 'Leading Wales out of the Coronavirus Pandemic: a framework for recovery and unlocking our society and economy: continuing the conversation', the careful balance between the direct harms from COVID-19 with the indirect harms of restrictive measures such as lockdowns are described such as the impact on mental health, wellbeing, the economy and society. These are set out alongside the indicators and measures that are taken into account when deciding on the role of regulations as 'necessary' and 'proportionate' to limit the incidence and spread of coronavirus in Wales.

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Written Response by the Welsh Government to the Health, Social Care and Sport Committee.

Detailed Responses to the areas identified by Members are set out below:

1. An up to date assessment of the financial position of each health board and NHS trust.

All NHS Wales organisations, with the exception of Hywel Dda and Swansea Bay University Health Boards, are forecasting to achieve financial balance in 2021-22. The combined forecast deficit for these two organisations is currently £49.4m, which is consistent with their operational plans for the financial year. We expect both organisations to maintain or improve on their 2020-21 outturn position. Our officials, and the NHS Finance Delivery Unit, are working alongside the finance teams of both organisations to track progress against delivery of this expectation.

We recently announced an additional £551m funding for the NHS this year to help with their ongoing response to the pandemic and to make progress on recovery of routine care. This is in addition to the £540m confirmed through the 2021-22 budget process and first supplementary budget for Covid costs and initial funding to support recovery. In total, we are providing nearly £1.1bn of additional funding in 2021-22 to the NHS to help with the response to Covid and tackling the backlog of waiting lists.

Inevitably, the NHS has been unable to deliver the normal level of efficiencies while they have been concentrating on responding to the pandemic and starting to recover routine care. The impact of this shortfall in savings delivery on financial positions is currently being managed through the support of non-recurrent funding. We will need to ensure that the NHS is able to maintain financial sustainability as funding returns to recurrent baseline levels.

2. An update on the financial assistance being provided to local authorities and care providers to help with ongoing COVID-19 related pressures.

In 2020-21 the Welsh Government provided funding to Local Authorities and Local Health Boards to support adult social care and associated healthcare provision through the coronavirus pandemic. Funding for Local Authorities was administered through the Adult Social Care Hardship Fund, and Local Health Boards had commensurate discrete funding to support the additional healthcare component within the adult social care sector. As part of the suite of support provided to the sector, we provided over £160 million to meet general pandemic response costs and to help offset the additional pressures arising from unfunded voids in residential care through the Local Government Hardship Fund and Local Health Boards in 2020-21.

The Final Budget for 2021-22 included the Hardship Fund and NHS Covid response which supported the continuation of this funding to September 2021. This was in the form of a flat rate fee uplift to support commissioned care, support for eligible unfunded voids and a local sectoral support component (LSS) which provides discretionary funding for Local Authorities to support local need. Over £25 million has been issued to date. Support for the adult social care sector will continue to the end of the current financial year.

There is a recognition of the need for the sector to develop a path away from reliance on a high level of support, which retains flexibility for pandemic pressures, yet ensures it is equipped to meet population need in the time ahead. As such, the scheme will be tapered to provide a planned exit route from the current level of resource by the end of the financial year. The support provided to help offset the costs of unfunded voids will be tapered from September, and the flat rate uplifts for residential care and supported living from October; the Domiciliary care flat rate uplift will remain in place to the end of the year.

3. Plans for addressing the backlog of patients waiting for treatment, including prioritisation of patients/services.

We are aware of the challenges we face in trying to recover services to their pre-pandemic state and to improve them going forward. The immediate focus has to be recovery of the waiting list so that we minimise the impact of the pandemic on outcomes. This will be difficult to achieve given limitations imposed by infection prevention controls in our diagnostic, surgical and other treatment pathways; as well as the need to deliver and recover other clinically urgent care. However, I have set this as a priority for the system and this is reflected in health board annual plans.

There is also a backlog in regular reviews and checks for people living with long term health conditions, such as asthma and diabetes, to help them stay well. The NHS Wales Chief Executive is very clear in his expectations of health boards to promote collaboration between GP practices and community health teams to start to tackle this backlog ahead of this winter.

The national planned care programme is developing a new approach to planned care with 'Five Goals for Planned Care' developed alongside clinical and operational leads. The five goals are effective referrals; advice and guidance; treat accordingly; follow-up prudently; measure what's important. The five goals will be supported by quality statements.

The programme will be managed through three programmes of work; Clinical Programme for Planned care; Outpatient Transformation; and whole system measurement. The Clinical Programme initially focussed on five areas with the longest wait; orthopaedics; urology; dermatology; ENT; and ophthalmology. Based on the current numbers waiting, it has been agreed to extend the scope of the programme to include general surgery and gynaecology as well. This will now ensure that the specialities with the longest waits are covered with a transformation programme to aid recovery.

For each of these areas, actions are already in place. For orthopaedics, there is a clinical strategy being developed, there are virtual joint clinics, MSK management. For urology, there is the PSA self-management programme in place alongside improved referral guidance for primary care. A tele-dermoscopy pathway is being developed for dermatology alongside the See-on-Symptom (SOS) and Patient Initiated Follow-Up (PIFU).

We have invested a further £140 million to health boards and trusts to help address the backlog of patients. My officials are currently finalising the allocations and how the money will be used. This is on top of the £100 million that was allocated in May 2021.

The aim is to develop regional approaches to treat orthopaedics and cataract backlogs as well as the endoscopy backlog. Additional funding is being made available the Planned Care programme to support transformation of service delivery and the embedding of good practice across Wales. It is also recommended that a national transformation fund be provided along similar lines to the approach we have implemented for unscheduled care.

There will be an expansion of PACU (post anaesthetic care units) for those patients post-surgery that do not need the same level of care as a normal critical care unit provides. There will also be support for national recovery funds for cancer and ophthalmology and support to keep patients well whilst they are waiting for surgery.

The national Orthopaedic Clinical Board is currently developing a clinical strategy for orthopaedics for the long term. In the short term, health boards are looking at regional solutions, including the possible conversion of Ysbyty Seren to provide a South East regional hub to treat those orthopaedic patients waiting over two years and to develop the Neath Port Talbot site to provide a South West regional hub to deliver an additional 5,000 operations a year. Health boards are

already developing regional plans for cataracts, with plans to increase capacity in South East across the three health boards with a view for a regional centre in the longer term. For South West, the plan is to increase capacity at two sites and to share the workforce across the two sites.

On endoscopy, the aim is to develop a workforce and capacity capable of delivering against the backlog

There are separate solutions being developed for North Wales. The health board is looking at developing a regional approach to provide outpatient, cataract services, diagnostics, including endoscopy and inpatient orthopaedics.

A Planned Care Summit will be held shortly where clinicians and managers will be able to discuss plans.

4. Service transformation, including delivering the vision set out in *A Healthier Wales* and reflecting lessons learned during the COVID-19 pandemic.

Health and social care services in Wales have been at the forefront of responding to the Covid-19 pandemic. Covid-19 has accelerated change in how health and social care services are delivered and by building on the foundations of *A Healthier Wales* we have brought forward the implementation of our long term plan in some areas.

The original vision for *A Healthier Wales* has been validated and remains relevant for the Wales of today. As we move into a 'post-covid recovery' phase, *A Healthier Wales* continues to be our strategic framework for developing and implementing new ways of working.

Welsh Government has taken the opportunity to restate the *A Healthier Wales* priorities and review the 40 actions in the Transformation Programme to ensure they remain relevant and focus on the issues brought to the forefront during the pandemic. A written statement and revised actions were published in March including seven new actions to build resilient communities in Wales and focus on health inequities, prevention, mental health, children and young people and decarbonisation.

Our integrated approach to health and social care services through *A Healthier Wales* has strengthened partnerships and collaboration across both organisational and geographical boundaries, demonstrating the collective commitment of public services to respond to community needs. We have created an environment in which our partners and workforce have actively embraced and delivered service transformation at pace; often delivering in very difficult circumstances.

Significant and accelerated investment in digital technology has enabled rapid service transformation and the continuation of essential services in a safe environment. TEC Cymru have reported over 225,000 virtual consultations having taken place which has saved over 215,000 hours for patients no longer needing to travel.

With support from the Transformation Fund and Integrated Care Fund, Regional Partnership Boards have developed new models of care that have proved invaluable during the Covid-19 response including rapid discharge from hospital to home and admission avoidance models. Communities of Practice have been established to share experiences and best practice across these themes and are now being introduced for community based care, emotional and mental health and technology enabled care. Both the Transformation Fund and the Integrated Care Fund were extended during the pandemic and will come to an end in March 2022. Building on the learning and best practice from the current programmes Welsh Government has recently approved the introduction of a new five year revenue fund which will commence in April 2022 to further support integration.

To capture lessons learned during the pandemic Welsh Government, Aneurin Bevan University Health Board, Health Education & Improvement Wales and the NHS Wales Confederation jointly commissioned a report from Swansea University on the findings from the NHS Covid-19 Innovation and Transformation Study and the data collected from Allied Health Professionals and Healthcare Scientists during the Covid-19 response. This report was published in June 2021 along with a series of case studies from every Health Board in Wales. A specific action has been included in the refreshed *A Healthier Wales* Transformation Programme to ensure that this progress is maintained in the Health and Social Care system.

Our deliberate and significant increase in health and care innovation activity over the last 5 years, and the infrastructure investment that supports this, meant that we were able to better respond to the pandemic. As part of the Covid response we have further accelerated NHS innovation and service change, increased partnering with universities and industry, introduced new technologies at scale and pace along with diagnostics and precision medicine, and enhanced our digital infrastructure and services. To help ensure this momentum is not lost, Welsh Government has recently announced an Innovation Programme for Health and Social Care to bring a tighter focus to existing activities, strengthen national direction, and lock in changes we have seen in response to the pandemic, helping to maintain the pace and scale of change in health and social care.

We have provided funding to all RPBs and NHS Trusts to establish Research, Innovation and Improvement Co-ordination Hubs, building a national network of stakeholders to bring together research, innovation and improvement activity.

The delivery of service transformation requires a workforce that is equipped with the expertise, skills and confidence to drive the redesign of our systems, and for the better. We are therefore investing over £9m in new Intensive Learning Academies that will help deliver transformational training and support across preventative health, Value-Based Health and Care and innovation in health and social care. These new specialised academies, the first of their kind, will offer exciting opportunities for leaders and aspiring leaders from across all sectors who are committed to establishing new ways of evidence-based working through partnership.

It is important to note that whilst the immediate threat from COVID-19 may have reduced, we are still in a public health emergency. Pressures this coming winter will be challenging and will require organisations to continue to adopt new ways of working and to deliver care closer to home.

The recovery plans that health boards have put together recognise the need for more provision for mental health services and to tackle the waiting lists which have grown over the last 18 months. These range from new modular theatres and additional diagnostic capacity to moves to extend the working day and a six day working week for radiotherapy. Health board plans must also set out collaborative action between GP practices and community health and care teams to tackle the backlog in regular reviews and checks for people living with long term health conditions, such as asthma and diabetes, to help them stay well.

Urgent emergency care across Wales is being transformed with an investment of £25m. This is based on the implementation and delivery of 'six goals':

1. Coordination, planning and support for people at greater risk of needing urgent or emergency care
2. Signposting to the right place, first time
3. Access to clinically safe alternatives to hospital admission
4. Rapid response in a physical or mental health crisis
5. Optimal hospital care following admission
6. Home-first approach and reduce risk of readmission

There is an expectation on Health Boards, NHS Trusts and Regional Partnership Boards to place greater emphasis on supporting independent living and well-being to prevent escalation of care to urgent primary care, ambulance, Emergency Department and hospital services.

We are also implementing three specific models of care:

- A national '111 First' model – signposting people who believe they need to access urgent or emergency care services to the right place, first time. This includes an enhanced online offer and scheduling people to arrival time slots at the best place for their needs.
- 'Urgent Primary Care Centres' – to safely assess or treat people with urgent primary care needs quickly and effectively without the need for a GP appointment or presentation at an Emergency Department, enabling staff in those services to focus on people with complex or emergency care needs respectively; and
- 'Same Day Emergency Care' services to support people who need a face-to-face assessment, diagnostics and / or treatment to return home on the same day where it is clinically safe to do so.

5. The role of technology in the future delivery of care (e.g. video consulting), and ICT infrastructure in the health and care system.

TEC Cymru are currently undertaking a procurement exercise to identify a longer term platform for video consultations, allowing this to be operationalised as standard option for clinicians and patients to engage with. The use of video consultations provides flexibility for both clinicians and patients, and has reduced the number of "did not attend" instances by around 40% (compared to face to face appointments), saved time for clinicians and patients in travel and waiting in rooms – and waiting rooms are quieter which reduced the risk of cross-infection between patients.

The new NHS Wales App, which will be delivered by the Digital Services for Public and Patients programme, will give patients more digital access to their healthcare management; the ability to book a GP appointment via the app, conduct the appointment via video consultation, and then be able to see their primary care notes have been updated following the discussion will be available within the application.

In addition, repeat prescription ordering and other medicines management features – such as recording that they have not taken a prescribed medicine on a particular day and listing why, which would then be noted as part of their patient record and available to clinicians (for example, if someone elected not to take their prescription for 2-3 days and recorded this within the app, and was then admitted to hospital, clinicians there would be able to see what medicines they were supposed to be taking and how frequently they had been taken).

The app will also in the future allow patient reporting of outcome measures – for example blood sugar levels for diabetes patients, to allow clinicians to remotely monitor patients' progress without needing to bring the patient in for a review. Future intentions for the app include potential abilities to interact with personal wearable devices (e.g. Fitbit type watches) which have the ability to monitor a number of measurements such as heartbeat and then record these via the NHS Wales App in the patient's medical record.

There are a number of other programmes that are underway which will increase the efficiency of the Health workforce: eNursing Docs, ePrescribing, WEDS, WICIS, LINC and others. Digital Maternity will provide electronic maternity notes for patients and clinicians, removing the need to carry around the well-known "green folder" of notes wherever expectant mothers go – and mitigating the risk of losing or damaging those notes which is inherent with the current process.

Welsh Ambulance Trust's ePCR programme will see Ambulances equipped with tablet computers that will allow access to a patient's medical record, so that paramedics and ambulance technicians will be able to make better informed decisions in emergency situations by having access to pertinent information wherever they are. The Eye Care project is digitising the referral process from opticians to hospital eye care departments – the current process relies on faxing documents and spending time on the phone to the hospital for the Optician, whilst the designed solution is a web form which completes the referral process in a matter of minutes with upload functionality for relevant documentation, meaning opticians can spend more time with patients rather than processing paperwork.

6. Mental health provision across the spectrum of need.

Mental health has been identified as having the greatest potential contribution to long-term prosperity and wellbeing. Even before the Covid-19 pandemic, around one in four people in Wales was experiencing mental health issues. Latest data from Public Health Wales and other surveys show that overall, levels of anxiety within the population remain higher than pre-pandemic. Aspects of personal health and wellbeing, concern about health and wellbeing of others and personal finances have all caused worry for individuals to differing extents over the course of lockdown.

Evidence demonstrates that the impacts have not been felt consistently across all groups. Responses to the surveys undertaken to date show that certain groups of people, such as those with pre-existing mental health conditions, young adults, Black, Asian and Minority Ethnic communities, those in lower income households and women for example, report higher levels of mental health concerns than others, and have done so throughout the pandemic.

The Welsh Government's response to the mental health impact of the pandemic has been focused on three key areas:

1. Maintaining all age mental health services and responding to immediate mental health needs. Mental health services were designated 'essential' as part of the NHS Operating Framework throughout the pandemic.
2. Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing – recognising that the levers for this sit outside of health. The significant economic support we have offered is fundamental to this.
3. Supporting the NHS to meet the changing mental health needs in their areas, while planning for future waves and ensuring mental health services for adults and children and young people can stabilise and recover for the long term.

At the onset of the pandemic, additional resources were released to health boards to support the maintenance of essential mental health services while responding to the immediate pandemic pressures. Welsh Government has also provided additional funding for inpatient surge capacity both in adult and CAMHS provision, to ensure mental health units had flexibility to manage additional demands, increased capacity in voluntary sector provision and significantly expanded tier 0/1 (direct access without a referral) mental health support for young people and adults. We have also strengthened the CALL mental health helpline to meet the increased demand and we continue to promote it as one of our key offers. We have also provided funding for a range of regional approaches to reduce suicide and self-harm including bereavement support, training and awareness raising.

Welsh Government commissioned the All Age Mental Health Urgent Access Review which was published under the aegis of the Crisis Concordat Group on 21 December 2020. The aim of the review was to provide a better understanding of the mental health demand across emergency services. Whilst the review was undertaken before Covid-19, it highlights the range of social and

welfare needs (such as employment support, social services, debt advice) that are causal factors for a large proportion of people who contact emergency services when in crisis, often outside of regular office hours. Key recommendations of the review include agreeing common definitions for mental health crisis and welfare concerns across public services and improved data sharing. It also recommends effective collaboration between public and voluntary sector organisations to improve outcomes for people of all ages experiencing crisis and seeking help. Work is now being taken forward to ensure a multi-agency response can be implemented across public and third sector services, including access to advice and support 'out of hours' for a range of issues including debt, housing, domestic abuse and loneliness.

These additional resources and priorities are reflected in the Welsh Government's revised Mental Health Delivery Plan for Wales – which was published in October 2020.

In the Welsh Government's budget for 2021/22 additional investment of £42m for mental health services has been made available. This has been allocated to support the delivery of the following mental health priorities.

- £6m for all age crisis services and work to support a multi-agency pathway (£4m for health boards and £2m for direct commissioning on a national level).
- £4m for open access / tier 0 services for adults and children and young people (£1.4m for health boards to directly commission the voluntary sector and £2.6m for direct commissioning on a national level).
- £3m supporting memory assessment services / diagnostic support to be allocated to Regional Partnership Boards.
- £7m has been allocated to health boards (through service improvement funding) to support key service improvement areas within mental health (e.g. CAMHS, perinatal mental health and eating disorders).
- £13m funding for core cost growth within NHS mental health services.
- £4m is providing targeted additional support the Whole Systems Approach (previously Whole Schools Approach) to improve access to support the emotional and mental health well-being of children and young people.
- A further £5.4m of funding for specialist CAMHS is being used to support young people with diagnosed mental health conditions through community or specialist in-patient services (£3.6m for health boards and £1.8m for direct commissioning on a national level).

Alongside this funding, a framework that can support mental health services recover from the pandemic has been developed.

To oversee our priorities for mental health, we have established a Ministerial Delivery and Oversight Board. Chaired by the Deputy Minister for Mental Health and Wellbeing, the board aims to oversee the continued response to the mental health impact of Covid-19; strengthen oversight and assurance for the delivery of 'Together for Mental Health' strategy and associated delivery plan; and monitor evidence to inform the future programme of work and the successor to the Welsh Government's 10 year Together for Mental Health Strategy.

7. Quality statements and the successor arrangements for delivery plans for major conditions.

A Healthier Wales committed to the introduction of a National Clinical Plan [now a 'Framework'] and Quality Statements. The National Clinical Framework sets out the wider strategic approach to delivering high quality healthcare services. Quality Statements describe the outcomes and standards we would expect to see in specific high quality, patient focussed services. As a result of the intention to develop Quality Statements, the Deputy Minister for Health and Social Services

announced in March 2020 that major health condition delivery plans would be replaced by Quality Statements.

The National Clinical Framework and the first two underpinning Quality Statements (cancer and heart conditions) were published on 22 March and can be found:

[Written Statement: National Clinical Framework and Quality Statements \(22 March 2021\) | GOV.WALES](#)

These documents set out our ambitions to be delivered consistently across Wales over the term of the Parliament and beyond. These Quality Statements build on the work undertaken as part of the delivery plan approach that preceded them. Quality Statements for specific clinical services exist alongside other policy commitments and have a focus on quality of services and reducing unwarranted variation. They will inform national oversight of NHS delivery through the planning framework and the performance management system. The documents are live and will be further added to with national pathways, service specifications, guidance and service metrics as these become available.

A number of other quality statements including for stroke, diabetes, care of the critically ill and renal, are in development by existing national forums, which bring together the Welsh Government, NHS and third sector. They are due to be published this year as they are agreed. This will include delivery plans which were extended by one year, such as stroke, care of the critically ill, diabetes and respiratory disease. Consideration is also being given to replacing the planned care and unscheduled care plans with Quality Statements, while some other delivery plans, such as endoscopy and mental health, are not yet due to be replaced. Quality Statements set out the Welsh Government's policy expectation and NHS bodies must respond through their planning processes. As described in the National Clinical Framework, national programmes and clinical networks will enable any national leadership and coordination that is required; as well as link to the accountability regime through the proposed NHS Executive function.

8. Sustainability of the health and care workforce, and recruitment/retention of staff to meet future needs.

The NHS in Wales currently employs historically high numbers of staff and the highest ever number of healthcare professionals in training. Despite this, Wales, like elsewhere in the UK, is facing significant workforce pressures across the health and care system.

In October 2020, the then Minister for Health and Social Services launched the Health Education and Improvement Wales (HEIW) and Social Care Wales workforce strategy to ensure the future sustainability of the health and care workforce in Wales. The strategy will establish system wide workforce transformation and ensure workforce sustainability for the future. Its focus is on improving wellbeing, diversity, inclusion, capability and bilingualism of the health and social care workforce.

Workforce capacity and planning is a priority for health boards and trusts at a local and regional level. We will maintain and strengthen investment in education and training of healthcare workers, delivering 12,000 more clinical staff by 2024-25. We will also establish a new medical school in north Wales.

Alongside investment in the domestic supply of healthcare workers, a small but important proportion of the workforce will need to be recruited from elsewhere in the UK and overseas. However, this is set against a backdrop of national and international labour shortages which impact on the recruitment into the NHS in Wales. Health boards in Wales are currently recruiting healthcare professionals from overseas, aligned with ethical recruitment principles. Local level recruitment is supported by the 'Train Work Live' marketing campaign - which *transferred into HEIW's portfolio during 2020-21*. In addition to attracting additional healthcare professionals to

Wales, it is of strategic importance to improve the retention of staff already working here. Health boards and trusts have been assessing if staff are likely to leave the NHS due to pressures brought on by the pandemic and at the same time supporting retention through a range of policies to enhance staff engagement and wellbeing to support people to remain in work.

There are current significant pressures on the social care system that is impacting on timely discharges from hospital and the availability of care at home. We are working closely with health boards and local authorities to monitor impact and promote joined up approaches as we approach the additional winter pressures. Recruitment and retention is impacted by the opening up of retail/hospitality and improved pay and conditions in the NHS. Staff are tired and under greater pressure due to staff absences and vacancies increased demand for care services, particularly domiciliary care, being noted by social services across Wales.

We have provided financial support to Social Care Wales for a 3 week national recruitment campaign, beginning on 23 August to promote careers in social care jobs and to highlight the national jobs portal hosted by Social Care Wales. We have provided funding to Social Care Wales to allow a national roll out of an 'introduction to social care', free 4 day training course to introduce people to social care and support to seek employment thereafter.

We have established two schemes in 2020 and this year to provide financial rewards to staff in social care to recognise their commitment through Covid-19. A range of well-being services for staff and managers have been made available through Social Care Wales.

There is considerable current focus between WG officials, local authorities and health boards as to opportunities around system efficiencies, improved joint approaches and creative means of creating more staff resource – but this remains a significant challenge to bring about improvements in the short term.

Last year, the Welsh Government convened the Social Care Fair Work Forum, a social partnership group in which stakeholders come together to look at how the employment terms and conditions of social care workers can be improved in Wales.

The Forum was established in social partnership, bringing together government, employers and unions. Representatives from the Association of Directors of Social Services (ADSS) Cymru and Welsh Local Government Association (WLGA) are Forum members alongside Trade Unions and Provider representatives.

The Forum is looking at how the definition of fair work should be applied for social care workers in Wales and will, through collective discussions between unions, employers and government, set out what good working practices should look like in social care, including in regard to pay, working conditions, employee voice and training. The Forum has also been asked to provide advice on how the Welsh Government's commitment to paying social care workers in Wales the Real Living Wage should be implemented, and its recommendations are expected in October.

9. Understanding of long COVID and its impact on demand for health and social care services.

It became clear in April 2020 that there would be a potential increased demand in the longer term for health and social care services. At that point, the expectation was that this would be for those with severe Covid-19 infection, who had been hospitalised and could be expected to need longer

term rehabilitation and recovery services; alongside those who were affected by the wider impacts such as having to wait for treatment for other conditions and the impact of lockdown, isolation and job loss. Health and social care staff worked with officials to develop the Rehabilitation framework which was published in May 2020. Alongside this, a modelling tool was developed to assist in predicting the demand for rehabilitation services.

As we reached September, we recognised the long term impact on people who had not necessarily been admitted to hospital for treatment of their covid-19 infection. This has become known as long COVID (Ongoing symptomatic Covid-19/ Post-covid syndrome). The Directors of Therapies and Health Sciences led the development of the prudent response to this increased demand. Transforming and expanding access to existing services and contributing to the learning and NICE guideline development.

We launched the Adferiad (Recovery) Programme in June of this year that, along with £5m of additional funding, will support patients experiencing the symptoms associated with long COVID. The additional funding will allow our Health Boards to expand the provision of diagnosis, treatment, rehabilitation and care, targeting funding at pathways where patients can get personalised treatment for their needs, as well as ensuring care is provided as close to home as possible.

The money will go towards:

- Helping healthcare workers and Allied Health Professionals develop infrastructure to flexibly deliver services to help people recover from COVID-19, long COVID and those more widely impacted by the pandemic.
- Providing high quality, evidence based training and digital resources to assist in diagnosing, investigating and treating long COVID and supporting people in their treatment and rehabilitation.
- Investing in digital tools which will ensure the NHS helps people make the right treatment decisions.

As part of the Programme we have also launched the Adferiad (Recovery) All Wales guideline for the management of long COVID. This guideline is based on the All Wales Community pathway and offers health professionals the latest information for managing long COVID across NHS Wales. It is supported by a package of comprehensive education and resources. This includes the referral process into secondary care where needed and clear guidance on when to arrange diagnostics for people living with long COVID. Updates are provided direct to users of the guideline as new evidence, and changes to guidance emerge. Most importantly, it means that across Wales health professionals have access to the same information and treatment advice on this condition and also have clear guide on when and how to refer onwards for treatment and support.

It remains challenging to quantify the numbers of people who will need to access services, or which services people will need to access. This is largely due to the significant variability in both symptoms and experience of patients with this condition. Many are able to manage symptoms through self care at home and therefore do not access services where their condition may be recorded in GP records. It is also acknowledged that the condition is under recorded in GP systems, though we are working to address that issue through inclusion of coding advice within the digital pathway. In the latest published data from the ONS (5th August) the estimated number of people living in private households with self-reported long COVID who first had (or suspected they had) COVID-19 at least 12 weeks previously (four week period ending 4 July 2021) was 47,000.

As we are still in a learning phase in respect of this condition I have asked my officials to review the programme on a six monthly basis. During this period we continue to monitor UK and international learning on this important subject and we have asked the Bevan Commission to make recommendations in respect of the creation of a patient registry. NHS Wales, through the Directors of Therapies and Health Science and a community of practice, continues to share learning across the respective Health Boards as they put in place services to respond to this new condition.

Through the work of Health and Care Research Wales, Welsh Government continues to play a key role in the UK wide effort to gather evidence to address the impact of COVID-19.

Wales is taking part in the UK study called 'The Post-Hospitalisation COVID-19 Study (PHOSP COVID)', funded by the National Institute for Health Research (NIHR) and MRC UK Research and Innovation and led by the NIHR Leicester Biomedical Research Centre. This Urgent Public Health study has been established to assess the long-term effects of COVID-19 on patient health and recovery in 10,000 participants across the UK. Wales remains one of the highest recruiters with sites across Wales.

The 'Inspiratory Muscle Training (IMT) post COVID-19 recovery study' has also been set up by Swansea University to address patient recovery from the impact of COVID-19 for example, shortness of breath and fatigue. The aim of the study is to assist patients to re-train respiratory muscles to improve breathing technique thereby alleviating suffering of the patient and pressure on the NHS through potential re-admission to hospital.

In response to the pandemic, Welsh Government has established the COVID-19 Evidence Centre. This is a 24 month investment of £3M to provide a Welsh-specific programme of research, evidence synthesis and knowledge mobilisation to meet priorities and urgent needs arising from COVID-19, including the long-term effects of the pandemic.

10. The next steps and associated timescales following the *Rebalancing Care and Support White Paper* support consultation, including plans for legislation.

The [summary of the consultation responses](#) to the Rebalancing Care and Support White Paper was published on the Welsh Government website on 29 June.

The Welsh Government [Programme for Government](#) includes commitments to develop a national framework for social care and to legislate to strengthen partnership working and integration of health and social care services.

The Deputy Minister for Social Services provided Members of the Senedd with an update on the consultation responses in an oral statement on 6 July. The Deputy Minister committed to engage with the sector to develop co-produced policy. Technical groups will be established in the Autumn and these groups will inform the requirements for legislation.

11. Plans for reforming the system for paying for care.

In March, the then Minister for Health and Social Services delivered an oral statement to the Senedd, updating members on the work and conclusions of the Inter Ministerial Group on Paying for Care. The Group undertook considerable work to explore the implications for social care services of increasing population need and practical options to address this. The Group concluded that a UK-wide answer to social care funding remains preferable as this could take account properly of the important inter linking with the tax and benefits system. Whilst, as a consequence of the economic impact of the pandemic, the Group concluded a wales only tax solution for raising funds for social care was no longer an option in the short term, they supported shorter term investment in social care which may be possible through future budget choices. This

included providing support for the workforce through the Real Living Wage which is now a Programme for Government commitment. A decision has been made that the Group will be reconvening in this Senedd term.

In July, there were a number of press articles in the national media reporting the UK Government were aiming to publish their plans for social care, initially before summer recess but now anticipated to be in the autumn although exact timing remains unknown.

Reforming the system for paying for care is a complex issue that has profound consequences for many people. It will be important to understand the implications for Wales of any proposals published by the UK Government and we continue to press them for information on what their proposals will entail, early engagement, and clarity on the timing of any announcement. As has been stated previously, if the UK Government proposals do not realise a fully funded UK-wide solution, then we will proceed with developing our own plans for funding reform to support a sustainable adult social care sector.

12. Support for unpaid carers.

Welsh Government has a longstanding commitment to improve the recognition of and support to unpaid carers in Wales. The pandemic further heightened our awareness and our new Strategy, launched in March 2021, reaffirms this commitment and details how we will work with partners to ensure unpaid carers are supported more effectively and are able to access their rights and entitlements. The Strategy for Unpaid Carers also sets our intention to coproduce a new Charter for Unpaid Carers and our refreshed national priorities. Following engagement with unpaid carers and their representatives, we have added a fourth priority focusing on unpaid carers in education and employment. The four updated national priorities are:

1. Identifying and valuing unpaid carers
2. Providing information, advice and assistance
3. Supporting life alongside caring
4. Supporting unpaid carers in education and the workplace

Working with the Ministerial Advisory Group for Unpaid Carers we have convened three working groups to coproduce a supporting delivery plan and the new Charter. Membership of the groups has been extended to unpaid carers and organisations working with or for unpaid carers in Wales. We aim to publish the delivery plan, and a draft of the new Charter, coproduced with carers of all ages, for wider discussion, in autumn 2021. The plan will set out clear actions, timescales and measures for monitoring progress for each of the four national priorities.

To improve our mechanisms for placing the voice of the carer at the heart of policy design and delivery, we are reviewing the membership and terms of reference of our Engagement Group and working with regional partnership boards to promote best practice in supporting carer representatives.

A key Programme for Government commitment is the creation of the new post of Chief Social Care Officer for Wales. Albert Heaney, formerly Deputy Director General of Health and Social Services Group in Welsh Government has been appointed and one of his early priorities is to listen to the users of social care services, and those who work in the social care sector to ensure particular focus on the issues affecting them, including those with protected characteristics. He met with the members of the Carers' Ministerial Advisory group on 7 July, followed by a discussion with the national Carers' Engagement group on 14 July to listen to their concerns and feedback and in order to inform future work.

We recognise that the pandemic increased pressure on unpaid carers who may have already been struggling to cope with their caring role. In 2021-22, we have allocated £3million to increase

and diversify respite services for unpaid carers across Wales. Initially, local authorities have used the funding to meet the spike in demand for respite as lockdown restrictions were eased. As the year progresses, we are encouraging local authorities to work across sectors to develop more innovative approaches, such as a short breaks fund.

To guide this work and identify good practice that has the potential to be replicated across Wales, we commissioned Carers Trust Wales and academics at Swansea and Bangor universities to draft a 'Roadmap to Respite' report. Through the development of person-centred approaches that cater to individual need, all unpaid carers will be supported to benefit from this funding, including the families of children with life limiting conditions, young carers and older carers who may also be living with their own health condition.

The specific challenges faced by families and those caring for children with life-limiting conditions are also recognised and the Welsh Government is continuing to support children's hospices in Wales to ensure appropriate care is available when needed. We continue to invest more than £8.4m every year to support specialist palliative care services across Wales. Much of this goes to adult and children's hospices. We have also allocated £12.3m of emergency funding to hospices throughout the pandemic to protect core clinical services and to strengthen bereavement support. More than £2.3m of this funding has been allocated to support Welsh children's hospices.

The £1m Carers Support Fund was launched in late October 2020 in co-operation with Carers Trust Wales and its network partners across Wales. An additional £0.25m was made available in late January 2021, in recognition of the substantial demand identified through the first phase of delivery. The fund was advertised and promoted to a broad range of audiences nationally and locally. In 2020-21 the fund supported more than 5,900 unpaid carers, including young carers, to help them meet additional financial pressures.

Feedback from unpaid carers and the services delivering the Support Fund demonstrated that it helped to address significant unmet need and had a direct and positive impact on unpaid carers:

"I was very very thankful for the grant I received, took a huge amount of pressure off me that month regarding how I was going to be able to keep my children warm, I was issued a shopping voucher and the money I saved from having to shop I put straight into my gas meter. Thank you so so much."

Not only did the scheme help carers experiencing financial difficulty, it also helped to connect previously unsupported carers to wider support services. A further £1m has been agreed to continue delivery of the Carers Support Fund in 2021-22 and will aim to provide additional sustainable support services for the most vulnerable carers.

We are aware that young and young adult carers may require targeted support. Our ambitious project to create a national Young Carer ID card, working in collaboration with all 22 local authorities and Carers Trust Wales, has now entered its second year. In 2021-22 we have made available £186k, of which £150k is for local authorities to progress their activity and £36k to Carers Trust Wales to produce national resources and support the national project meetings and learning cluster groups. The project is enabling local authorities and their commissioned third sector young carers' service providers, to test and trial different approaches and systems to see what really works on the ground to benefit young carers. 16 local authorities have now launched an ID card or transitioned an existing card into the national project. The aim is to have all 22 local authorities offering the national ID card by end of March 2022.

Our successful Third Sector Sustainable Social Services Grant Scheme continues. We are providing £2.6 million over three years from 2020-2023, to Carers Wales, All Wales Forum of Parents and Carers, Carers Trust Wales and Age Cymru. The four projects provide a range of support for carers of all ages, as well as working with health and social care staff to improve

awareness of the issues affecting carers, and how to improve support for them. The projects have each completed their first year in operation and are successfully raising awareness and transforming services for carers across Wales.

We have provided funding of £1m to local health boards and their carer partnerships in 2020-21, with the same available in 2021-22. This funding has been flexible and is being used to support carers struggling with the increased pressures of the pandemic. It supports a range of projects, including new opportunities for online forms of support, and continue work with primary and secondary health services. The Integrated Care Fund is another source of financial support for unpaid carers projects and activity. They continue to be identified as one of the priority groups within the guidance for Regional Partnership Boards. In 2020-21 we invested £89m revenue funding, and recognising the positive benefits of the ICF we are investing another £89m revenue funding in 2021-22.

We are proceeding with a second phase of our successful national carers' rights publicity campaign later this year. It will be delivered by Carers Wales and Carers Trust Wales, and in close partnership with Welsh Government. The campaign will target all ages of carer in this phase, and aim to help individuals to self-identify whether they have caring responsibilities and make them aware that they can access the support that they may need.

The mental health and wellbeing of unpaid carers continues to be a priority. We provided £60,000 to Carers Wales in 2020-21 to develop their Me Time online sessions focussing on psychological support and carer wellbeing. The online sessions and wellbeing events provide carers with a brief break from their caring role, as well as useful guidance on how to manage their own mental health and wellbeing.

Carers Wales has also launched a Well-being Hub on its website as part of their "Carer Empowerment and Wellbeing" project, which is funded via the Welsh Government's Third Sector Sustainable Social Services Grant Scheme 2020-23. The mental health and wellbeing of young people and young carers has also been supported, for example the launch last year of the Young Persons' Mental Health Toolkit accessible via Hwb. We have also promoted access to information and support via the MEIC helpline and website and the national CALL helpline service. Young people continue to be able to access help through school counselling services, and information, advice and assistance from local authorities and their commissioned local young carers' service providers.

Chair, Children, Young People, and Education
Committee
Chair, Health and Social Care Committee
Chair, Economy, Trade, and Rural Affairs Committee
Chair, Climate Change, Environment, and
Infrastructure Committee
Chair, Equality and Social Justice Committee
Chair, Culture, Communications, Welsh Language,
Sport, and International Relations Committee
Chair, Local Government and Housing Committee

16 July 2021

Dear Committee Chairs

Financial Scrutiny

At our meeting on 8 July 2021, the Finance Committee (the Committee) considered the programme of engagement for the forthcoming Welsh Government's Draft Budget and our approach to scrutiny. I am writing to all Chairs of subject committees to share our thinking.

Timetable

In accordance with Standing Orders, the Trefnydd has written to the Business Committee setting out that the Draft Budget will be published on 20 December 2021 and the annual Budget motion considered in Plenary on 8 February 2022.

The Business Committee consulted with us on the proposed timetable. As noted in the Trefnydd's letter, the Chancellor of the Exchequer has indicated his intention to conduct a multi-year comprehensive spending review (CSR), which means the Welsh Government will not know its budget settlement until the CSR concludes in the autumn.



I have written to the Business Committee to express our disappointment that the Draft Budget will be published in the Christmas recess. Whilst we appreciate the proposed timetable is due to the timing of the UK Government's CSR, this will be the third consecutive year that the proposed timetable has reduced the time available for scrutiny by the Senedd.

Budget focus

The Committee has agreed to continue the approach followed in previous Senedds, whereby budget scrutiny is centred on the four principles of financial scrutiny: affordability, prioritisation, value for money and process. The principles are:

- **Affordability** - to look at the big picture of total revenue and expenditure, and whether these are appropriately balanced;
- **Prioritisation** - whether the division of allocations between different sectors/programmes is justifiable and coherent;
- **Value for money** - essentially, are public bodies spending their allocations well – economy, efficiency and effectiveness (i.e.) outcomes; and
- **Budget processes** - are they effective and accessible and whether there is integration between corporate and service planning and performance and financial management.

The Committee would be grateful if your budget scrutiny follows these principles.

Engagement Approach

The Committee will be considering its approach to engagement on the Draft Budget early in the autumn term. We would like this engagement to complement and inform the work of policy Committees. I would welcome discussing this individually with Chairs, or at the Chairs' Forum.

Following the practice in previous Senedds, the Committee is happy to undertake a consultation on behalf of all Committees. Given the proposed timetable, we consider it would be most suitable to issue our consultation at the start of the autumn term.

The Clerk to the Finance Committee will notify your Committee Clerks once the consultation has been issued and I would appreciate your assistance in promoting the consultation via your own communication tools to encourage and engage with a wider audience. The provisions in relation to the reporting by policy committees changed in 2017, and you are now able to report in your own right (if you so wish), and your reports can be used as a supporting document to the Draft Budget debate.



Finance Committee-led priorities debate

The Finance Committee of the Fifth Senedd recommended that a future Finance Committee should hold an annual debate on the Welsh Government's spending priorities to allow Members the opportunity to debate and potentially influence spending priorities prior to the Draft Budget being published.

This year the Welsh Government scheduled its own debate on *Priorities for 2022-23 Budget Preparations*, which took place on Tuesday 13 July. The Committee wrote to the Minister for Finance and the Business Committee to seek agreement that in future years this will be a Finance Committee-led debate that takes place annually before summer recess, which the Minister and Business Committee have agreed to. In future years we would hope to undertake a public engagement exercise to inform this debate, and I would welcome your thoughts on how the Committees that scrutinise the Draft Budget can work together to gather the views of the public on what they feel should be the Welsh Government's spending priorities.

Financial scrutiny of legislation

The Committee's core function is to undertake financial scrutiny of the Welsh Government and associated public bodies, however, financial scrutiny should be embedded into the scrutiny work undertaken by all Committees. The Committee now has limited time available and many statutory obligations to fulfil. Therefore, we have agreed to initially consider each Bill that is introduced into the Senedd to determine whether we will carry out scrutiny of the financial implications of a Bill depending on the levels of costs and transparency contained within the Regulatory Impact Assessment (RIA). Should we decide not to undertake financial scrutiny of a particular Bill we will write to the relevant Stage one scrutiny committee to identify any points of interest that the Committee may wish to consider when reporting on the general principles of the Bill.

As this is the start of a new Senedd, I hope we can take the opportunity to explore ways of working collaboratively with other Committees to ensure the most effective financial scrutiny of the Welsh Government. I would like to suggest that we discuss this in further detail at a meeting of the Chairs' Forum.

If you have any questions about any aspect of the Draft Budget process, please feel free to contact me or the Clerk to the Finance Committee, Bethan Davies, 0300 200 6372, seneddfinance@senedd.wales.

Yours sincerely





Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.



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To:

Climate Change, Environment, and Infrastructure Committee

Culture, Communications, Welsh Language, Sport, and International Relations Committee

Economy, Trade, and Rural Affairs Committee

Equality and Social Justice Committee

Finance Committee

Health and Social Care Committee

Legislation, Justice and Constitution Committee

Local Government and Housing Committee

Petitions Committee

Public Accounts and Public Administration Committee

20 July 2021

Dear Chairs,

Children and young people's priorities for the Sixth Senedd

As the Senedd Committee responsible for scrutinising all matters relating to children and young people, it is our intention to ensure that the voices of children and young people are heard as a matter of course in our Committee's work. At our first meeting on 14 July, we agreed that this would be a key priority for us.

In order to inform our strategic planning and forward work programme, we intend to undertake a programme of tailored and meaningful engagement with children and young people. This work will begin in the autumn term. Our initial focus will be on asking children and young people what they think the priorities of the Sixth Senedd should be.

Given that the range of views held by children and young people will be of relevance to your respective committee remits, we will ensure that the results of this activity are shared with you, to ensure that your work can take account of their opinions. Our Committee team will ensure that your teams are kept up to date on the plans as they develop, and will confirm timescales in due course.

Kind regards,

A handwritten signature in black ink that reads "Jayne Bryant". The signature is written in a cursive, flowing style.

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg | We welcome correspondence in Welsh or English.

Health and Social Care Committee
 Welsh Government
Via Email

15 July 2021

Dear Health and Social Care Committee

Healthcare Inspectorate Wales (HIW) – Service of Concern process for NHS

It is our continued commitment and goal at HIW to check that people in Wales are receiving good quality care, which is provided safely and effectively, in line with recognised standards. One of the key priorities set out in our [strategic plan](#) is to take action when standards are not met. In line with this priority, we plan to formalise the process that we use when we determine there to be significant, persistent and/or systemic failures in NHS services.

In our [Strategy and Operational Plan for 2021-22](#) we have highlighted our intention to implement a Service of Concern process relating to our NHS assurance activities, aligned with the approach we use in the independent healthcare sector. We believe the introduction of a Service of Concern designation will increase transparency around how HIW discharges its role and ensure that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided.

HIW currently follows an internal escalation process when an issue of significant concern comes to our attention. Enclosed with my letter is a document outlining this process, alongside further detail regarding how HIW's current escalation pathway may inform any decision regarding the Service of Concern status.

The Service of Concern designation will be distinct and separate from the NHS Wales Escalation and Intervention arrangements. However, this process will inform HIW's view and contribution to the discussions on overall status of NHS bodies.

I am contacting you to offer an opportunity to raise any questions or comments about this. It is HIW's intention to seek feedback on this proposal until 30 September 2021 in the hope that this will provide enough time for you to share any views you have with us. It is HIW's intention that the Service of Concern process for the NHS will be implemented during Autumn 2021.

Alternatively, should you wish to meet with us to discuss this proposal, I would be grateful if you could contact [REDACTED] in order to make arrangements for this meeting.

I hope that this will provide greater clarity to you regarding HIW's approach to escalation in the NHS. In the meantime, should you have any questions, Rhys Jones, Head of Escalation and Enforcement [REDACTED] or Scott Howe [REDACTED] Senior Escalation and Enforcement Manager.

Yours sincerely



Alun Jones
 Interim Chief Executive
 Healthcare Inspectorate Wales

Gwirio bod pobl yng Nghymru
 yn derbyn gofal da

Checking people in Wales are
 receiving good care

Pack Page 77

Llywodraeth Cymru / Welsh Government
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 CF48 1UZ
 Tel / Ffôn 0300 062 8163
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Healthcare Inspectorate Wales

Service of Concern process for NHS Bodies in Wales

July 2021

Background

It is our continued commitment and goal at Healthcare Inspectorate Wales (HIW) to check that people in Wales are receiving good quality care, which is provided safely and effectively, in line with recognised standards. Our goal is to encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

One of the key priorities set out within Healthcare Inspectorate Wales' (HIW) [strategic plan](#) is to take action when standards are not met. In line with this priority, and wishing increase transparency about how it discharges its role in providing assurance to the public regarding the quality and safety of healthcare services, HIW is proposing to introduce a Service of Concern process and designation for the NHS.

Currently, HIW follows an internal escalation process when an issue of concern comes to our attention. Our new proposal is to formally use a Service of Concern designation when HIW identifies significant singular service failures, or cumulative or systemic concerns regarding a service or setting. HIW's escalation and enforcement process for independent healthcare currently utilises such a process.

We believe that using a Service of Concern designation will increase transparency around how HIW discharges its role and ensure that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided.

The Service of Concern designation will be distinct and separate to the NHS Escalation and Intervention arrangements. However, this process will inform HIW's view and contribution to the discussions on overall status of NHS bodies.

What does HIW want to achieve from this engagement?

- To communicate our intentions around the NHS Service of Concern designation to stakeholders, and build a greater understanding of HIW's extant escalation process. We also wish to alert health board or trust representatives to the implications of this process, and highlight that they are likely to be called upon to attend formal meetings and account for matters arising in settings or services
- To raise awareness of HIW's intention to actively call upon NHS services to account for improvements that are required within services, and raise awareness that identification as a Service of Concern will be a key step in our escalation process
- To respond to queries from stakeholders who may wish to offer feedback about this process.

Engagement Proposal

What will happen?

Annex A, *Service of Concern process for NHS Bodies* outlines HIW's extant escalation process, and details how a potential Service of Concern may be identified by HIW, and how this is managed, and de-escalated.

If a Service of Concern is identified, HIW will communicate this fact publicly, most likely within a report that relates to an inspection or review of a health board/trust. HIW may also, depending on the nature of the concerns, reserve the right to produce a separate communication around a Service of Concern on our website.

When will it happen?

If you wish to comment about this approach, then please send your contributions to Scott Howe, Senior Escalation and Enforcement Manager [REDACTED] or Rhys Jones, Head of Escalation and Enforcement [REDACTED] by **30th September 2021**. We will consider any responses we receive, in order to inform the implementation of this process.

We are aiming to implement the Service of Concern approach for NHS services from autumn 2021.

Annex A

Healthcare Inspectorate Wales

Service of Concern process for NHS Bodies in Wales

Draft 5.0

Background

Healthcare Inspectorate Wales (HIW) inspects NHS Services under its powers set out within the Health and Social Care (Community Health & Standards) Act 2003 and its associated regulations and standards.

The Health and Care Standards form the cornerstone of the overall quality assurance system within the NHS in Wales. HIW's inspections are based around these standards.

What are HIW's powers in relation to the NHS?

Under sections 72, 73, 74 and 75 of the Health and Social Care (Community Health and Standards) Act 2003, HIW has the following powers in relation to the provision of health care by and for Welsh NHS bodies:

- To inspect, take copies of and remove from the premises any documents or records (including personal records);
- Inspect any other item and remove it from the premises;
- To interview in private any person working at the premises or any person receiving health care there who consents to be interviewed;
- To make any other examination into the state and management of the premises and treatment of persons receiving health care there;
- To be able to require any person holding or accountable for documents or records kept on the premises to produce them;
- In relation to records kept on computer, the power to require the records to be produced in a form in which they are legible and can be taken away;
- To check the operation of any computer and any associated apparatus or material which is or has been in use in connection with the records in question.

HIW also has the power to require any person to provide it with any information, documents, records (including personal records), or other items which relate to the provision of healthcare by or for a Welsh NHS body. This would only be relating to the discharge of any of the functions of a Welsh NHS body and which it considers necessary or expedient to have for the purposes of sections 72, 73, 74 and 75.

Within the Health and Social Care (Community Health and Standards) Act 2003 (Healthcare Inspections) (Wales) Regulations 2005, HIW:

- Can require the persons named below to provide an explanation, in person or in writing, of any documents, records or items inspected, copied or provided under the Act:
 - A Welsh NHS Body;
 - A Chairman, member, director, employee, member of a committee or sub-committee of a Welsh NHS Body;
 - A service provider;

- A Chairman, Director or employee of a service provider;
- A person, other than the ones named above, who is assisting a service provider in the provision of health care for a Welsh NHS Body;
- A person, other than the ones named above, who is assisting, has assisted or is to assist a Welsh NHS Body in the exercise of its functions.

HIW is unable to take enforcement action against NHS services. The [NHS Wales Escalation and Intervention Arrangements process](#) sets out how broader concerns regarding NHS services are dealt with.

HIW focuses its inspections and reviews on the quality and safety of service provision, and the experience and outcomes for people using healthcare services. When the service provision or outcomes for people are poor, HIW will take action. This may include issuing improvement notices, escalating concerns to the executive team and board members within a health board/trust, or to the Welsh Government. HIW will also escalate significant concerns about NHS services into the NHS Wales Escalation and Intervention Arrangements, which may impact the overall escalation status of a Welsh NHS Body, or on an individual service provided by a Welsh NHS Body.

How is a Service of Concern identified?

The *NHS Service of Concern pathway* (appendix 1) illustrates HIW's escalation process in relation to NHS services, and how a Service of Concern may be identified, managed and de-escalated. Each step of the process is detailed below.

Intelligence gathered through HIW inspections, reviews, concerns and notifications, and/or other bodies. HIW may seek to verify any external intelligence.

All information that is collated by HIW will be considered at this initial stage. Information that has not been verified internally by HIW will be corroborated if possible, either through communication or on site work.

Stage 1 - Conduct an Escalation Triage discussion to determine whether further action is required and the level of escalation.

HIW will consider this information and convene an *escalation triage* meeting to determine next steps, and whether further escalation is required. This internal discussion can take numerous forms and can involve different HIW representatives. The aim is to ascertain whether escalation is the most appropriate pathway. This discussion along with any decisions and rationale will be recorded. This may include a discussion with the relevant Relationship Manager around further assurance activity (follow up) being undertaken and escalation to Stage 2. However, if HIW believes the

risks to patient safety are significant enough, the issue may be escalated to a Service of Concern meeting at Stage 3.

Stage 2 - Follow up / post follow up activity discussion to determine whether further escalation is required or de escalation

Following the decision from stage 1, HIW may conduct a follow up inspection. This could be in the form of a quality check to gain further information that can be obtained off site. A further onsite focussed or full inspection. This would not necessarily be limited to one piece of work, however, a stage 1 discussion will take place after each piece to determine the most appropriate next step.

How is a Service of Concern designated?

Stage 3 – Conduct a Service of Concern meeting to determine whether a service meets the threshold of Service of Concern

The key element that will determine designation a Service of Concern is whether HIW believes there to be a clear and significant risk to patient safety. In determining this, at least one of the threshold questions may be met for a service to be designated as a Service of Concern. The three threshold questions are detailed below;

a) Have Immediate Assurance (IA) and/or Improvement plan recommendations been actioned to an acceptable standard and agreed timescales?

If an IA or improvement plan is issued following an inspection, it indicates that there are serious patient safety concerns about a service. The decision to issue an immediate assurance notice is made in consultation with the inspection manager, the Head of NHS Inspection and a clinical advisor. In addition to evidence gathered, previous judgements about quality and safety of a setting will also be considered.

Following receipt of an IA, a health board/trust is required to submit an immediate improvement plan to demonstrate how they will achieve the improvement. Failure to comply with this process will result in escalation to the Service of Concern pathway.

Following an assurance activity, a health board/trust will be provided with a full improvement plan. This sets out improvements required to meet standards set out in the Health and Social Care (Community Health & Standards) Act 2003. Failure to complete all improvements to an acceptable standard or within the agreed timescale, in particular for matters directly relating to patient safety, may result in escalation to the Service of Concern pathway.

b) Have the same issues been raised during previous inspection/review activity and insufficient improvements been made?

If HIW continues to find the same or similar issues, either following successive inspections or reviews of a service, or across similar services within a health board/trust, the service may be escalated to the Service of Concern pathway.

If actions taken by the health board/trust have resulted in insufficient improvements, or actions are not having the desired impact, or HIW is not satisfied that there is sufficient learning being demonstrated by a health board/trust following an assurance activity, the service may be escalated to the Service of Concern pathway.

c) Have we received reliable information or gathered evidence to identify a matter requiring urgent action?

If HIW identifies immediate significant risk(s) to patient safety, this may result in immediate escalation to the Service of Concern pathway, in addition to an IA being issued following the conclusion of the assurance activity.

If any of the threshold questions are answered 'yes' and/or there is a risk to patient safety, then the threshold is met for identification as a 'Service of Concern'. This meeting along with any decisions and rationale will be recorded.

How is a Service of Concern managed?

Once identified, a Service of Concern will be subject to a higher level of monitoring by HIW. Each service of concern will be under review by the Escalation and Enforcement team.

HIW will communicate in writing that this determination has been made and will include a summary of our concerns and, if deemed relevant, a copy of any immediate improvement plan or other information. The communication will also include an invite with a date and time to a service meeting. A copy will be sent to the health board/trust, Welsh Government, and any other relevant stakeholders.

Service meetings

Service meetings are an essential step in the Service of Concern pathway. Once a service is designated as a Service of Concern, a service meeting will be convened. The following parties may be invited to attend:

- HIW representative
- Health board/trust representative
- Welsh Government representative
- Other relevant stakeholder representatives

This meeting is an opportunity for the health board/trust to discuss the concerns raised directly with HIW and other parties at the meeting. It is an opportunity to

provide any mitigation and assurance along with details of how the service intends to deal with the improvements and issues identified. Potential outcomes from the meeting are listed below:

- Resolution of the outstanding improvements / agreement that sufficient improvement has been made or is taking place
- Agreement of further actions and timeframes to provide assurance to HIW
- Schedule further assurance activity (announced/unannounced)

A summary of this meeting will be captured in writing and a letter issued to each attending party outlining what was discussed and the resulting actions. The health board/trust will have the opportunity to advise HIW of any factual inaccuracies or corrections they wish to be considered. These should be received within 10 working days. It is the health board/trust's responsibility to ensure that action is taken and that required improvements are achieved. There may also be further assurance activity carried out by HIW, the outcome of which will be communicated to the interested parties through the same process.

Further service meetings will be convened, as appropriate, until HIW is satisfied that improvements have been made and the risk to patient safety is reduced. Continuous failure to provide assurance, or engage with the Service of Concern process may result in further escalation through the NHS Wales Escalation and Intervention Arrangements.

How is a Service of Concern de-escalated?

A Service of Concern will be de-escalated once HIW is satisfied with the actions taken by the health board/trust to address required improvements. It may be necessary to convene further service meetings and conduct further assurance activity before HIW is satisfied that improvements have been made and the risk to patient safety is reduced.

Following any assurance activity, a service of concern meeting will be convened to discuss outcomes and determine whether HIW's position on the service has altered.

When HIW is satisfied with the actions of a service and decides to de-escalate the service, this will be communicated in writing to the relevant health board/trust, to Welsh Government, and any other relevant stakeholder(s).

Monitoring and Governance

HIW's Escalation and Enforcement team are responsible for monitoring services of concern. Each Service of Concern will be reviewed on a regular basis.

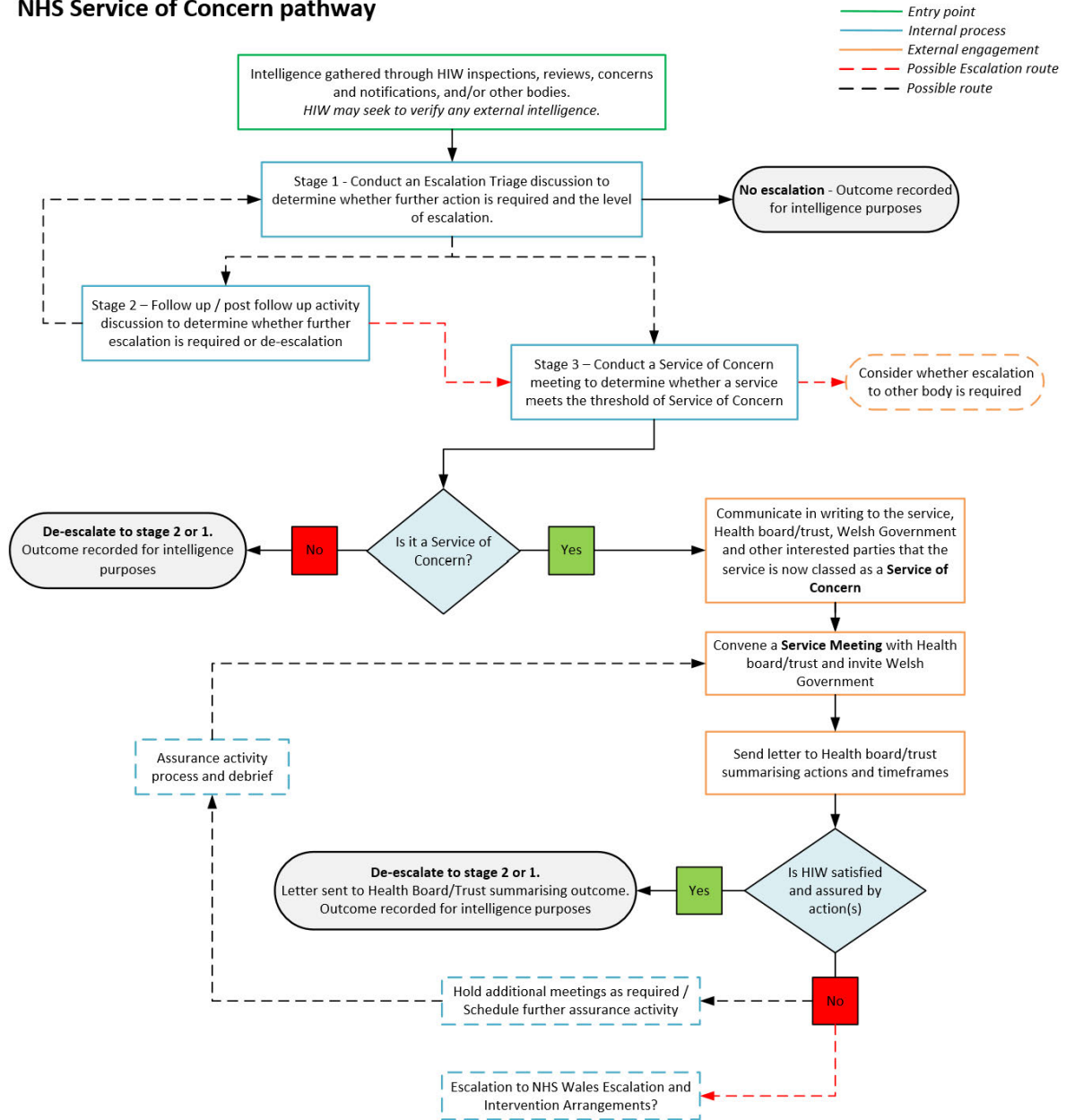
Engagement Proposal



Service of Concern status will form part of HIW's evidence to the NHS Escalation and Intervention Agreement process, and may therefore influence the outcome of that process.

Appendix 1

NHS Service of Concern pathway



Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Agenda Item 4.4



Llywodraeth Cymru
Welsh Government

Russell George AS
Chair
Health and Social Care Committee

27 July 2021

Dear Russell

Please see attached our response to the recommendations made by your recent report entitled Fifth Senedd Legacy. As the Deputy Minister for Mental Health and Wellbeing was a member of the committee at the time, she has noted the response for information on this occasion, to avoid any potential conflict of interest.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Eluned Morgan'.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau
Cymdeithasol
Minister for Health and Social Services

A handwritten signature in black ink, appearing to read 'Julie Morgan'.

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau
Cymdeithasol
Deputy Minister for Social Services

Written Response by the Welsh Government to the Health, Social Care and Sport Committee report entitled 'Fifth Senedd Legacy'.

Detailed Responses to the report's recommendations are set out below:

Recommendation 3 - The Welsh Government in the Sixth Senedd should continue to improve the level of detail and clarity of information on funding allocations within the HSS MEG in its annual draft budgets.

Response: Accept.

We will continue to review the budget structure for the HSS MEG to consider how information on funding allocations can be improved. For example, in the 2021-22 First Supplementary Budget we created a Budget Expenditure Line to show separately the funding for the new Digital Health and Care Wales Special Health Authority. We will also continue to use budget evidence papers to provide further detail on the funding allocations to the NHS that are presented in the published budget documentation. We will also continue to publish the annual revenue allocations to local health boards on the Welsh Government website.

Financial Implications – None.

Recommendation 5 - The Welsh Government in the Sixth Senedd should consider the impact of its legislative programme on committees' ability to effectively scrutinise Bills, and to accommodate such scrutiny within their wider work programmes.

Response: Accept

The Welsh Government values the scrutiny of Bills by committees and always considers the impacts on them when scheduling its legislative programme, for example endeavouring not to have more than one Bill before a committee at any one time. However there are times when policy requirements or other external drivers place limitations on the flexibility the Government has to schedule a Bill's passage through the Senedd. An example was the need to complete Stage 1 consideration of the Public Health (Minimum Price for Alcohol) (Wales) Bill before the Wales Act 2017 came into effect. This can lead to competing demands between a committee's legislative and policy scrutiny duties.

Financial Implications – None.

Recommendation 6 - The Welsh Government in the Sixth Senedd should take steps to ensure that it is able to provide as much notice, and as much time for scrutiny, of LCMs as possible.

Response: Accept

The Welsh Government is committed as a matter of principle to giving as much notice and time for scrutiny of LCMs as possible to Senedd Committees. However as recognised by the Health, Care and Sport Committee the timetables for LCMs are largely determined by decisions of the UK Government.

Financial Implications – None.

Vaughan Gething MS

Minister for Health and Social Services

18 March 2021

Dear Minister

Further to your attendance at the Health, Social Care and Sport Committee's meeting on 3 March, I am writing to highlight key themes which have emerged from the final phase of our inquiry into the impact of the COVID-19 pandemic, and the response to it, on health and social care in Wales.

As you are aware, following the outbreak of COVID-19 in Wales in spring 2020, the Committee decided to suspend all other work and focus on the impact of the pandemic, and its management, on health and social care in Wales. During the past twelve months, we have taken evidence on a wide range of issues and produced three reports, covering issues such as PPE, testing, mental health and wellbeing, and the impact on the social care sector and unpaid carers.

Our most recent scrutiny has focused on matters including the vaccination programme, testing, the impact of the pandemic on waiting times, and long COVID. While the limited time left to us before the end of this Senedd has prevented us from producing a report on these matters, the attached annex highlights key themes emerging from the evidence we have heard.

I would like to thank you, your Ministerial colleagues and your officials for the positive way in which you have engaged with us throughout the pandemic. We recognise the considerable pressure that you and your colleagues have been under, and we are grateful to you for the written and oral evidence you have provided which has enabled us to continue to carry out our constructive scrutiny and oversight role. We have particularly appreciated the weekly Ministerial briefings, as these have helped us stay up-to-date in the rapidly changing context of the public health emergency.

While we are very pleased that the situation in Wales is improving, we are not yet out of the woods. I am sure that our successor committee in the Sixth Senedd will wish to continue to work constructively with the next Welsh Government as Wales moves towards recovery.

Yours sincerely



Dr Dai Lloyd MS

Chair, Health, Social Care and Sport Committee



Senedd Cymru

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Annex: key themes

Overview

We are very pleased that the position across Wales with regard to infections has continued to improve, with a definite downward trend in infection rates. Public compliance with ongoing restrictions and lockdown measures, combined with improvements in understanding and treatments for COVID-19 and the rollout of the vaccine, are all helping to suppress the virus.

However, there is no room for complacency. Our health services remain under pressure, and the virus and its direct and indirect harms will be with us for a long time to come. While the vaccination programme is giving us all hope, there is still much uncertainty surrounding the pandemic, particularly with the emergence of new variants.

We strongly agree with the five points identified by the Chief Medical Officer as key strands of the approach to dealing successfully with the next stages of the pandemic:

1. Vaccinating people as quickly as we can.
2. Easing out of the lockdown slowly and cautiously.
3. Monitoring and reacting to any changes.
4. Being aware of variants and keeping cases down.
5. Maintaining public confidence and public compliance with the residual measures.

Recommendation 1. In taking decisions about the easing of restrictions, the Welsh Government should balance the potential impact on the transmission of the virus against the potential benefits of any easing for different groups and communities. In particular, the Welsh Government should prioritise activities that will have the greatest impact on the mental and physical health, and emotional wellbeing of those who have been hardest hit by the pandemic. This should include prioritising getting children and young people back into face-to-face learning in schools and other educational settings.

Public confidence and communications

The Welsh public has played a tremendous role in helping to suppress the virus by adhering to the restrictions, but so much still depends on them. It is therefore vital that the Welsh Government maintains public confidence in its approach. Achieving this will require clarity for the public about why particular decisions are being taken, and ongoing transparency about the data and advice upon which decisions are based.

Recommendation 2. The Welsh Government and Public Health Wales should maintain a clear focus on communication. This should include working with partners and networks across Wales to ensure that people can access clear information from trusted sources, and proactively combatting the misinformation circulating in our communities



Annex: key themes

Vaccination programme

Vaccine uptake and confidence

First, we would like to commend the Welsh Government and everyone involved in the vaccination programme for their massive effort in developing and delivering a successful programme at pace.

However, there is still much to do to ensure that everyone in Wales is offered the vaccine in line with the JCVI priority groups, including building vaccine confidence among people who may be reporting 'vaccine hesitancy' or who have rejected having a vaccine. There are big differences in uptake between ethnic groups. Data published by the Office for National Statistics also shows that there are higher reported levels of vaccine hesitancy in the black ethnic group. There are similar findings in respect of people living in more deprived areas. These groups also have higher rates of mortality from COVID-19, giving rise to concerns that, in the event of a third wave, these people are going to be at a very high risk.

We therefore welcome the Welsh Government's 'no-one left behind' approach to the vaccination programme.

Recommendation 3. The Welsh Government should continue to communicate proactively with people from groups or communities with lower levels of vaccine uptake and confidence, particularly where such groups may also be more vulnerable to harm from COVID-19.

The ongoing vaccine rollout

Moving forward, there will be an important role for primary care, particularly GPs and community pharmacy, in helping to deliver the vaccination programme. This applies not just to the remainder of the initial vaccine rollout, but also to the delivery of any boosters that may be required to address new variants, or to any further regular vaccinations, should the COVID-19 vaccine prove to be similar to the flu vaccine. In addition, many of the same staff that are currently supporting the vaccination programme, will also be required to facilitate the return to normal services.

As restrictions begin to be eased, facilities currently being utilised as mass vaccine centres may begin to return to their normal use. As a result, more vaccines will need to be delivered in smaller, community settings. Pharmacies will be particularly key in reaching the working population as the programme moves beyond Group 6.

Finally, we were told that while community pharmacists would be happy to support the vaccination rollout on weekends or out-of-hours, they are unable to attend mass vaccination centres during working hours, as they are required by law to be on their premises.

Recommendation 4. The Welsh Government should work with GPs, community pharmacies and other primary care providers to ensure they have sufficient capacity and resources to facilitate the ongoing delivery of the vaccination programme alongside the delivery of their usual services.



Annex: key themes

Resourcing

We welcome the announcement in the Welsh Government's final budget 2021-22 of an additional £380m for the first six months of 2021-22, which will include funding for the continued rollout of the vaccination programme. However, during our scrutiny of the draft budget, the Minister told us that there was significant uncertainty in respect of the potential costs associated with COVID-19 vaccination, in part because it is not yet clear whether the current vaccines provide long-term protection against the virus or whether further vaccination programmes will be required. Vaccination programmes are not cheap to deliver but they are a necessity. The resources available must therefore be kept under review to ensure we continue to meet the need for vaccination, particularly if the programme has to be delivered annually or even on a more frequent basis.

Recommendation 5. The Welsh Government must keep the resourcing of the vaccination rollout, including facilities and staffing as well as the vaccine itself, under review, and explore options to allocate further funding during the 2021-22 financial year if required.

Testing and contact tracing

Testing strategy and mass testing pilots

The Welsh Government's revised COVID-19 testing strategy includes five strands: Test to diagnose; Test to safeguard; Test to find; Test to maintain; and Test to enable. We support this strategy, and believe that its implementation will become increasingly important as lockdown restrictions begin to be eased.

Delivering the Welsh Government testing strategy will require access to adequate laboratory capacity, including the ongoing availability of the Lighthouse Laboratory in Newport. The successful delivery of the strategy will also require sufficient resourcing and availability of tests, and, most importantly, public confidence and cooperation. People will need to understand when and how to get tested—including the different roles played by Lateral Flow Tests (LFT) and Polymerase Chain Reaction (PCR) tests—and the limitations of what testing alone can achieve. As Steve Moore, Chief Executive of Hywel Dda UHB told us:

"...all of these different testing tools are imperfect in different ways and therefore we need to use them with care and consideration [...] so they aren't seen as a panacea, but they are seen, actually, as an important weapon at our disposal and a way in which we can help to control this pandemic into the medium term".

We heard from Cwm Taf Morgannwg UHB that the interim evaluation of the asymptomatic testing pilots in Merthyr Tydfil and Cynon showed high levels of public acceptance and indications that whole area testing did serve to suppress infections. This is very positive, and it will be important for the learning from these pilots in respect of the role of mass LFT testing to be applied elsewhere.

Recommendation 6. We note that the evaluations of the asymptomatic mass testing pilots were published on 15 March 2021. The Welsh Government must now ensure that any learning is applied across Wales during the implementation of its COVID-testing strategy.



Annex: key themes

Recommendation 7. The Welsh Government must provide clear, simple and accessible information to the public about the different types of testing (both in terms of the five strands of the testing strategy and LFT/PCR), how and when the public should be accessing different types of testing, and what action they should take following either positive or negative test results.

Test, Trace, Protect (TTP) and self-isolation

According to the World Health Organisation (WHO), contact tracing is most effective if the time between a case's symptom onset and quarantine of at least 80 per cent of their contacts does not exceed three days. We agree that contacts should be traced as quickly as possible, as this will prevent unnecessary delays in people being advised to self-isolate. In our first report into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales, we highlighted the importance of public buy-in to contact tracing in order to ensure its success.

During autumn 2020, we heard from Professor Devi Sridar about some of the most successful examples of contact tracing programmes. In New York city, for example, the self-isolation rate in the first phase of the pandemic was around 98 per cent. She attributed part of that success to the way in which people were supported, both financially and emotionally, to self-isolate. It was therefore disappointing that research commissioned from Swansea University by the Senedd's Research Service found that only 8 per cent of survey respondents in Wales had been informed about the self-isolation support scheme when contacted by TTP contact tracers.

The Minister noted that the research had been undertaken during December 2020, when the TTP service had been under considerable pressure, but acknowledged that the Welsh Government had held further discussions with the researchers to identify potential improvements. Jo-Anne Daniels, Director, Test, Trace, Protect for the Welsh Government, added that the contact tracing scripts had recently been updated to ensure that the new self-isolation support scheme and payment associated with it was now mentioned. As a result, if the contact tracer followed the script (which she said that "most of them do very effectively") people would know, when asked to self-isolate, that support is available to them.

We know that without adequate financial support, people may be tempted to ignore symptoms and advice, and attend work. It is therefore vital that **everyone** contacted by TTP contact tracers is made aware of the support available and that this does not depend on whether or not the script has been followed properly. We therefore welcome the inclusion in the Welsh Government's final budget 2021-22 of £60m for contact tracing to support recruitment and workforce planning, and recommend that this is also utilised for ongoing training of contact tracing staff.

Recommendation 8. The Welsh Government should regularly monitor and review the information being given out by contact tracing staff. This should be accompanied by an ongoing training programme to ensure consistent messaging in relation to the support available for those having to self-isolate.



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Recommendation 9. The Welsh Government should evaluate the rates of self-isolation compliance, with a view to understanding the potential barriers to self-isolation and whether any further action is required to address them.

Waiting times

The pandemic has placed enormous pressures on the health service, and significantly increased waiting times for non-COVID-19 services. In the past, strategies for addressing excessive waiting times have included drawing on NHS capacity in England or on the private sector. However, these options are now less likely to be available, given the pressures that are being experienced across the whole UK.

We were also told that while health professionals are keen to get services moving as quickly as possible, it would be unrealistic to expect staff to begin working flat out as soon as pressures on health services from the pandemic have eased; a period of rest and reflection will be required as staff recover from the trauma and pressure they have experienced.

The scale of the backlog

We heard from health boards the difficulty of assessing the full scale of demand and backlog, as levels of demand are likely to have been suppressed by the pandemic. As Wales moves towards recovery, it is reasonable to expect that this demand will resurface, creating additional pressures on our health services which may be above pre-COVID levels.

As of December 2020, 538,861 people in Wales were waiting for hospital treatment, of whom 226,138 had been waiting for more than 36 weeks. In addition to the reported waiting lists, we also heard concern about the level of 'hidden' demand. This includes for example:

- People who may have experienced symptoms but who have not approached the health service, for example because of concerns about infection, or who have otherwise not been referred for treatment.
- People who have chronic mental or physical health conditions, but who may not have been able to access their usual services. Demand on health services may increase as people begin to access services once more. Some people's needs may also have become more acute or complex as a result of not receiving their usual services during the pandemic.
- People who are already on waiting lists, but whose conditions have deteriorated while they have been waiting, and whose cases may now be more complex or who may need an enhanced level of 'prehabilitation' or other services before they are fit enough or clinically able to receive surgery or other treatment.

Health boards told us that the additional capacity provided by the field hospitals to date had enabled them to rehabilitate patients and manage the extended lengths of stay often necessary for COVID patients. There will be an increased need for rehabilitation for some time to come; meeting this need will require the availability of sufficient resources, both in terms of facilities and staffing.



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We welcome the commitment from Welsh Government to producing a recovery plan for waiting times by the end of March 2021, and the indications from health boards and the Welsh Government of the intention to provide services at local, regional and national levels as appropriate to support the recovery. However, we must avoid the risk of any part of Wales being left behind (especially as the assessments from health boards about the potential time it will take to address backlogs vary significantly).

Recommendation 10. The Welsh Government's NHS recovery plan must be detailed and specific, and contain measurable milestones and any planned service changes, so that people know what to expect, and the Welsh Government can be held to account.

Communication with patients

We heard from the Board of Community Health Councils that communication with patients is a particular area of concern. It highlighted the need for clear communication, easy access to advice, support and information, appropriate and active involvement of patients in decisions about their own care, equitable reintroduction of services across Wales, and addressing the anxieties of people concerned about waiting times and accessing care but who may be reluctant to seek help. While communicating with everybody on the waiting list is a significant undertaking, people are naturally concerned that they have been waiting a considerable without hearing anything and do not know when or if they need to chase things up for themselves.

We recognise the challenges inherent in communicating well with large numbers of people, some of whom will be in pain or distress, and some of whom may see their own waiting times increasing if other people are assessed as being in greater clinical need. It is therefore important to find ways to keep in contact with patients, and to support them during this period to avoid deterioration in their conditions where possible.

Ways that health boards have adopted to do this so far include: individual virtual conversations with patients, particularly those who are considered to be at greatest clinical risk; 4-weekly reviews of cancer patients by specialist nurses; establishing a single point of contact for orthopaedic patients to seek advice or support; and efforts to enable and support increased patient involvement in their care, including opportunities for patient self-reporting of symptoms and more control over their follow-up care.

Recommendation 11. The Welsh Government should work with health boards to facilitate the sharing of good practice on communicating with and supporting patients who are waiting for hospital treatment.

Service transformation

The experience of the pandemic has demonstrated the need for resilience within our health services. The pandemic has exacerbated waiting times considerably, and we acknowledge that it will take time and resource to return to the pre-pandemic position. However, we believe that there are opportunities through service transformation, appropriate resourcing, joint working, and a focus on preventative health, early interventions and primary care, to improve access for people across Wales to the health services they need, and to ensure that our health services are in a better position to



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respond to any future systemic shocks.

We have heard from health professionals and health boards that there is a real appetite for service transformation, including learning from and embedding the new ways of working and new models of service delivery adopted during the pandemic. Examples raised with us by health boards have included joint working between health boards at local, regional and national levels; greater use of virtual care delivery; more patient-led care and patient group working; increased use of virtual multi-disciplinary teams and integrated working across primary and secondary care; a greater focus on primary care; and the development of alternative care pathways.

However, health boards and health professionals also highlighted barriers that could hinder the pace or extent of service transformation, including levels of digital awareness and digital exclusion; service capacity, including diagnostic services; any lack of flexibility in the care environment; and the extent to which innovation is scaled up and rolled out following pilots. Other matters raised with us include the need to maintain separate flows of COVID and non-COVID work, and the need to look critically at who does what in the delivery of care for chronic conditions.

We welcome the appetite and enthusiasm for service transformation, which we believe will be necessary not only to address the waiting time backlog, but also to build resilience. However, the concerns raised with us about the potential barriers to transformation reflect those that we have raised consistently throughout the Fifth Senedd about whether there is a clear strategic vision guiding service transformation, and the extent to which health services have been able to mainstream their service transformation activity, particularly given the demand and cost pressures on them and the continuing failure of some health boards to break even.

Steve Moore, Chief Executive of Hywel Dda UHB summarised this issue, telling us that:

"...one of the things that I think has characterised our response to the pandemic is we've done things at speed, at scale. Actually, one of the challenges going forward is: how do we nail that and make it comprehensive, make it consistent across all patient groups?; [...] the trick is not to allow ourselves to fall back into what we were doing previously".

With the additional pressures on health services and the health workforce as a result of the pandemic, we continue to have concerns about whether there is sufficient capacity within the system to drive transformation at the pace and scale required, and how this transformation will be driven and led.

Recommendation 12. The Welsh Government should set out how its NHS recovery plan will align with and build on existing service transformation, how learning from successful schemes will be mainstreamed, and how the extent and impact of service transformation will be monitored and evaluated to ensure that it is delivering against the Welsh Government's priorities.



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Long COVID

People who experience acute COVID-19, particularly those who are hospitalised, may require ongoing rehabilitation services as part of their recovery. However, as Professor Danny Altmann of Imperial College London told us, as acute infections begin to be controlled via the vaccine rollout, the bigger impact and pressure on health services might actually come from long COVID.

We held an evidence session on long COVID on 10 March 2021 to explore key issues relating to long COVID with people with first-hand experience of the condition, academics and health professionals.

Awareness, impact and understanding

Long COVID is a new and complex condition that needs to be taken seriously. Not enough is yet known about the prevalence of long COVID and the risk factors, or the effect of the vaccine on long COVID. Current estimates are that 20 per cent of all people who had tested positive for COVID-19 exhibit symptoms for five weeks or longer and 10 per cent exhibit symptoms for a period of twelve weeks or longer. Current research also suggests that long COVID seems to affect women and young people more than men, although it is not yet clear whether this reflects differences in the prevalence of the condition, a greater hesitancy among men to approach their GPs, or other factors. This is particularly concerning as children and young people are not part of the vaccination programme.

Long COVID Wales is calling for long COVID to be treated as an occupational disease, which would make frontline workers who develop long COVID eligible for regular compensation payments. The Royal College of GPs told us that there needs to be more understanding among employers about the condition, and its effect on people's ability to work or their need for reasonable adjustments.

Symptoms

People with lived experience of long COVID described a range of symptoms, occurring and re-occurring at different times, and the significant impact on their day-to-day activities and their family lives. We heard concerns that some people's symptoms had initially been dismissed by GPs; members of Long COVID Wales suggested that this was the experience of the majority of the group's members. Dr Mair Hopkin of the Royal College of GPs acknowledged this was probably the case early on during the pandemic, but said that there was now a greater awareness and understanding of long COVID among GPs. She also said that GPs needed greater clarity on where to refer people with long COVID, and highlighted difficulties relating to health boards having different pathways and varying levels of provision.

Accessibility of multidisciplinary services

We were told that there is a need for specialist, multidisciplinary services that are easily accessible, with a pooling of minds and resources to develop new long COVID services and treatments. These specialist services could help to develop a greater understanding of the condition and the services needed rather than referring people to existing services, which already have long waiting lists.

Many people with long COVID are suffering with fatigue and cognitive impairment and therefore need one place to go rather than trying to fit into existing services. However, we heard differing views from Long COVID Wales and the health professionals about whether or not these specialist services are best delivered by multidisciplinary specialist long COVID clinics. We also



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heard that these services need to be separately funded and resourced, and not an add-on to already overstretched rehabilitation services.

The needs of people with long COVID may not align with existing health services and structures, therefore there needs to be a better understanding of the symptoms in order to develop services to treat people. However, while understanding of the condition is still emerging, it is vital that people are supported through their diagnosis, treatment and recovery and that the right resources are available to deliver the rehabilitation and allied health services they will need.

Self-management

We were told that the NHS Wales Recovery app is an important tool in self-management and we were pleased to hear that Long COVID Wales is involved in helping to develop a long COVID section for the app. However, the app should be in addition to healthcare services not in place of them, particularly as people with brain fog symptoms find using digital resources difficult, and others may not have digital skills or access to suitable digital technology or reliable internet connectivity.

Public messaging and communication

Finally, we believe there is a need for public messaging to increase awareness of long COVID, especially as lockdown restrictions are eased and the vaccine is rolled out. There is a danger that once people have been vaccinated, they will consider that the harm to them and their families from COVID has been minimised. While the vaccine will reduce the risk of serious harm or death from acute COVID, we believe that more needs to be done to ensure that people understand that long COVID is a nasty and long-term condition that could affect them or their children.

Recommendation 13. The Welsh Government's NHS recovery plan should include actions and resources for further research into long COVID and for ensuring that people and communities across Wales have consistent and equitable access to the services they need for long COVID diagnosis, treatment, recovery and rehabilitation in a range of settings.

Recommendation 14. The Welsh Government should engage in a public awareness campaign to ensure the risks, impact and long term implications of long COVID are fully understood by the public, especially as the vaccine rollout continues and lockdown restrictions begin to be eased.

Health inequalities

The pandemic has exposed and magnified health inequalities, including those linked to ethnicity, age, gender and levels of deprivation. Such inequalities will have directly affected people's experience of the pandemic. For example, where health inequalities have contributed to greater prevalence of chronic conditions, this may in turn have left people more vulnerable to the direct and indirect harms of COVID-19. The result is, tragically, that the greatest harms of the pandemic have been experienced by groups and communities that were already disproportionately disadvantaged.

The inequalities exposed by the pandemic are not new. However, they have received greater prominence in the last twelve months. For example, it is very welcome that the vaccination



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uptake data published by Public Health Wales is broken down by priority group, age, sex, ethnicity and deprivation quintile. While the data highlights stark and worrying differences in vaccine uptake between people from different ethnic backgrounds and people who live in wealthier and poorer areas of Wales, the regular publication of such data enables these issues to be identified and quantified. It also facilitates the development and implementation of targeted interventions.

The Welsh Government's close working with community leaders to understand and address the barriers and concerns that might limit vaccine uptake has been, and will continue to be, an important factor in tackling misinformation, building confidence and ensuring that everyone can access the protection offered by the COVID-19 vaccines. We believe that building and maintaining positive relationships with communities across Wales to better understand their needs and find ways of overcoming any barriers could also help in tackling other health inequalities. To this end, we must all ensure that as Wales moves towards recovery we do not lose sight of the need to work with communities to ensure that everyone across Wales has fair and timely access to the preventative and reactive health and social care they need to live healthily and maximise their wellbeing.

The Welsh Government's NHS recovery plan must, therefore, recognise and reflect the need for tailored approaches to meet the needs of different communities and patient cohorts. This should include learning from the targeted interventions developed and implemented through the vaccination programme to try to close the gaps in vaccine uptake and vaccine confidence between different communities, and proactively embedding such learning within the design of other public health initiatives.

Recommendation 15. The Welsh Government should ensure its COVID-19 NHS recovery plan includes an ongoing emphasis on identifying and addressing health inequalities through targeted and tailored interventions, transparent data publication, collaborative working with stakeholders and communities, and effective communication and engagement that builds public confidence across Wales.

Workforce

We would like to place on record our sincere gratitude to the health and social care workforce for the commitment, courage and dedication they have shown throughout the pandemic.

We know that staff are exhausted and need time to rest and recover from the pressures and trauma they have experienced. This will inevitably have an impact on staffing levels. It is also likely that a large number of staff will be lost to the service, for example as a result of sickness absence, retirees who returned only to support the pandemic effort, or people whose preferred career path may have changed. People who have been on long-term deployment during the pandemic will need to return to their usual department or specialty, and may need support in refreshing their skills.

We have heard from health professionals, health boards and the Minister about both the opportunities and the need for service transformation. Delivering this transformation will require



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staff resource, but it may also require the development of new skills within our health workforce. For example, Cwm Taf Morgannwg UHB suggested that therapists could play a role in assessing orthopaedic referrals; upskilling biomedical scientists to undertake increased sample-cutting; and using Community Wellbeing Co-ordinators to support individuals in accessing services relating to healthy lifestyle choices. Existing staff will need to be supported in the development of such new skills.

In addition to supporting and developing the existing workforce, our health services will need to train and recruit new staff. We heard from the Royal College of Surgeons in particular that the suspension of many elective health services during the pandemic has had a significant impact on training, with implications for the retention and progress of trainee surgeons. Similarly, the Royal College of Physicians told us that where medical students had had to join the workforce early, they had not been allowed to rotate from one job to another, so had spent an entire year with one team in one specialty, which had an impact on the breadth of their experience.

While the publication in October 2020 of the Health Education and Improvement Wales and Social Care Wales workforce strategy is welcome, we are not yet persuaded that there is enough clarity about how the Welsh Government will ensure that there is sufficient staff capacity across the health service to respond to the ongoing challenges of the pandemic, the need to address the growing waiting times backlog and the need to ensure that staff who have borne the brunt of the pandemic frontline have the respite they need and deserve. To this end, we believe that the overarching workforce strategy should be underpinned by a detailed health and social care workforce plan.

Recommendation 16. The Welsh Government should provide assurances that the health and social care workforce strategy, and any subsequent detailed workforce plan, will ensure that the workforce has the capacity, resilience and the appropriate skills mix to respond to the ongoing pandemic, and deliver service recovery and transformation.



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Eich cyf/Your ref
Ein cyf/Our ref: MA-EM-2623-21

Russell George MS
Chair
Health and Social Care Committee

27 July 2021

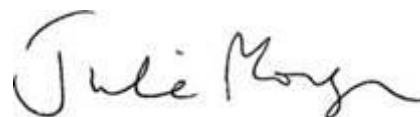
Dear Russell

Please see attached our response to the recommendations made by your recent report entitled Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Priorities for next stage. As the Deputy Minister for Mental Health and Wellbeing was a member of the committee at the time, she has noted the response for information on this occasion, to avoid any potential conflict of interest.

Yours sincerely



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Cymdeithasol
Minister for Health and Social Services



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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Written Response by the Welsh Government to the report of the Health & Social Care Committee report entitled Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Priorities for next stage

Detailed Responses to the report's recommendations are set out below:

Recommendation 1

In taking decisions about the easing of restrictions, the Welsh Government should balance the potential impact on the transmission of the virus against the potential benefits of any easing for different groups and communities. In particular, the Welsh Government should prioritise activities that will have the greatest impact on the mental and physical health, and emotional wellbeing of those who have been hardest hit by the pandemic. This should include prioritising getting children and young people back into face-to-face learning in schools and other educational settings.

Response: Accept

The Welsh Government has consistently said our top priority has been to enable children and students to return to face-to-face learning. We have made clear other changes to restrictions should not risk that objective.

Building on the return of Foundation Phase learners and some vocational students beginning in February, all learners returned to on-site learning after the Easter holidays on 12 April.

The updated Coronavirus Control Plan: Revised Alert Level in Wales (March 2021) sets out how we will take a careful and phased approach to relaxing coronavirus restrictions. We initially focussed on easing restrictions which sought to improve wellbeing in outdoor settings where the risk of transmission is reduced

Financial Implications – None additional

Recommendation 2

The Welsh Government and Public Health Wales should maintain a clear focus on communication. This should include working with partners and networks across Wales to ensure that people can access clear information from trusted sources, and proactively combatting the misinformation circulating in our communities.

Response: Accept

The Welsh Government has mounted an unprecedented communications campaign in response to the pandemic. This has included the high-profile Keep Wales Safe Campaign, which has been adopted by public bodies across Wales as the national brand; regular press conferences broadcast live on BBC Wales and our social media channels; digital, TV, radio, out of home and press advertising and signposting to Welsh Government and Public Health Wales websites for accurate information. Highly targeted communications are developed working with stakeholders and delivered in partnership; to date, we have worked with more than 250 partners and influencers to reach key audiences including young people and Black, Asian and Minority Ethnic communities. Explaining the reasons for decisions taken is vital and we provide explanations alongside changes in regulations and guidance in our communications and through the publication of scientific advice to Ministers. Working with experts in combating misinformation, the strategy adopted has been to promote positive and factually accurate messaging to counter inaccurate and misleading narratives and share these with all stakeholders to use to deal with specific issues. This approach will continue going forward.

Financial Implications – None additional

Recommendation 3

The Welsh Government should continue to communicate proactively with people from groups or communities with lower levels of vaccine uptake and confidence, particularly where such groups may also be more vulnerable to harm from COVID-19.

Response: Accept

Our aim is to ensure every person is able to know about, understand and take up their offer of the vaccines and no one is left behind. To this end, we published our Vaccination Strategy on 11 January and published updates to the strategy on 26 February, 23 March and 7 June. We also publish weekly updates intended to keep people informed about vaccination programme progress and the latest information on vaccine efficiency and safety. Our vaccination strategy and subsequent updates are clear in setting out how vitally important it is that we communicate proactively and that we continue to work to ensure that vaccine take up levels are as high as possible. This also means understanding the reasons that lie behind groups not taking up the vaccination, be it access, logistics, timing, culture, faith concerns or languages, and working with communities and trusted voices so that any barriers are removed and anxieties addressed.

We have seen the gap in uptake amongst marginalised groups drop significantly, which is encouraging, and this has been achieved via a wide variety of engagement events, webinars in various languages, round tables, Q and A events where people can 'ask the experts' and communications with trusted voices. In addition, the seven Welsh health boards are looking in-depth at their 'did not attend' (DNA) data and have flexed their operations to set up pop-up clinics to deliver the vaccination in local communities where there is likely to be more uptake, such as Traveller sites and Mosques. This action will continue as we roll-out the vaccine programme to younger age groups. We are really grateful to voluntary organisations, faith group leaders and their support organisations who have helped in this.

Our intention is that no-one is left behind. The offer of a vaccine has no expiry date and we know many who were hesitant at first may wish to take up the offer when they have thought about it a bit more. Also they may feel happier if their younger family members can be with them and experiencing the same vaccination journey. We are also continually looping-back to catch all who could have been ill, for instance, at their first offer and were not able to attend.

We have established our Vaccine Equity Committee, which provides advice on how to ensure all people in Wales who are eligible for COVID-19 vaccination have fair access and fair opportunity to receive their vaccination by addressing barriers that disproportionately affect under-served population groups. This includes the needs of groups who may have previously fallen through gaps, such as those with physical, sensory and learning disabilities and those with no home, or with mental health needs. It is informed by Public Health Wales' monthly report on vaccine uptake which summarises surveillance of equality in coverage of COVID-19 vaccination in Wales by sex, socioeconomic deprivation and ethnic group.

Financial Implications – None additional.

Recommendation 4

The Welsh Government should work with GPs, community pharmacies and other primary care providers to ensure they have sufficient capacity and resources to facilitate the ongoing delivery of the vaccination programme alongside the delivery of their usual services.

Response: Accept

The Primary Care Covid Immunisation Scheme (PCCIS) allows for health boards to contract on equal terms with all Primary Care contractors. It is for health boards to decide whether and how they wish to use this approach. All contractors are remunerated at £12.58 per vaccine administered and to-date around 34% of all vaccines have been delivered through this mechanism. This approach enables health boards to avoid overburdening one service, which must maintain normal business when participating in the vaccination programme.

Infrastructure building is ongoing and is adapting continually to suit the cohort groups being vaccinated. The primary care community has been instrumental in the process, responding quickly and positively, and taking a pivotal role in our vaccine roll out. The purpose of vaccinating different groups in different locations is for operational expediency.

Since the beginning of the year we have seen significant expansion in our infrastructure.

Week commencing 12 July 2021 Wales administered vaccines at over 226 locations, including, 50 Mass vaccination centres, 15 GP locations, 27 Pharmacies, 22 Hospital locations and 7 Mobile teams.

Each health board's plan for handling the deployment of the vaccine takes into account their population, capacity and the various delivery locations available, to maintain efficiency and a smooth, rapid and effective roll out. These plans were tested and reviewed at the Operational Delivery Board where all health boards provided assurance that the vaccine programme could be delivered in addition to the normal services.

The primary focus of mobile units is get to those hard to reach – such as care homes. The number of mobile units delivered by our community nurses may not necessarily grow; it may actually drop off once the care home cohorts are vaccinated, with teams returning to vaccination centres so that capacity increases there.

We have also seen the introduction of Community Vaccination Centres. CVCs bring together a range of primary care practitioners, including dentists and optometrists, offering a solution within local communities but with the capacity for greater scale than GP practices alone to give people their Covid jabs as supplies increase.

More pharmacists – and other primary care contractors, such as dentists and opticians – have been invited to help the huge effort to vaccinate people against coronavirus in the weeks and months ahead.

To date 61 pharmacies have been involved in the COVID-19 vaccination programme. Pharmacies have played an important role in the vaccination programme in particular in delivering the COVID-19 vaccine in harder-to-reach rural areas of Wales, providing convenience for local populations.

Financial Implications – None additional.

Recommendation 5

The Welsh Government must keep the resourcing of the vaccination rollout, including facilities and staffing as well as the vaccine itself, under review, and explore options to allocate further funding during the 2021-22 financial year if required.

Response: Accept

In the Welsh Government's final budget 2021-22 an additional £380m was announced for the first six months of 2021-22, which includes funding for the continued rollout of the vaccination programme. As was outlined during the Budget scrutiny session, there is uncertainty on the potential future costs for the remainder of the programme, in part due to lack of clarity on whether current vaccines provide long-term protection against the virus and new variants. Interim advice has been provided from Joint Committee on Vaccination and Immunisation (JCVI) on phase 3 of the programme, which recommends the autumn booster campaign begins in September 2021. Resources available will be kept under review, particularly if the programme has to be delivered annually.

Welsh Government officials have worked with the NHS Wales Finance Delivery Unit (FDU), which has liaised with individual health boards, to develop an ongoing financial assessment of the programme. This work is ongoing and will continue for the duration of the vaccine programme. The FDU closely monitors health board financing of vaccine deployment on a monthly basis, to ensure early identification of any changes in costings. There is a monthly meeting which brings together NHS Wales Finance leads with Welsh Government officials, FDU leads and the operational lead for the implementation programme. FDU leads and Welsh Government officials meet weekly to discuss any issues. Officials will continue to liaise closely with the FDU on monitoring and provide updates to the Finance Minister. Formal reporting on vaccine implementation spending is built into the Monthly Monitoring Returns for NHS Wales

Financial Implications – None additional.

Recommendation 6

We note that the evaluations of the asymptomatic mass testing pilots were published on 15 March 2021. The Welsh Government must now ensure that any learning is applied across Wales during the implementation of its COVID-testing strategy.

Response: Accept

The statement - <https://gov.wales/written-statement-covid-19-test-find> - published on 22 March about the Test to Find strand of the Testing Strategy set out how the lessons learned from the evaluation of the asymptomatic testing pilot in Merthyr and Lower Cynon were being applied in plans for implementation. This included extending timelines for the community testing programme until the end of September to support outbreak management and targeting areas that see a rapid increase in cases and experience enduring transmission. This approach was successfully deployed as part of the response plan to the Holyhead outbreak during March and April and more recently in Conwy and other parts of North Wales due to the emergence of the delta variant. It also set out how new distribution channels would be used to enable people who are not able to access workplace testing and cannot work from home to have access to self-tests for home use as restrictions are eased. Volunteers and individuals who are unable to work from home have been able to collect lateral flow tests from local test sites across Wales since 16 April. Since 26 April people have also been able to request lateral flow tests to be delivered directly to their home, through what is known as the LFD Direct channel. We launched Pharmacy Collect on 5 July to provide greater equality of access to communities across Wales as participating pharmacies will provide collection points for lateral flow tests.

We continually learn and assess how we implement our testing strategy and provide an agile response to changing prevalence and circumstances. This includes evaluation and behavioural insight surveys.

Financial Implications – None additional.

Recommendation 7

The Welsh Government must provide clear, simple and accessible information to the public about the different types of testing (both in terms of the five strands of the testing strategy and LFT/PCR), how and when the public should be accessing different types of testing, and what action they should take following either positive or negative test results.

Response: Accept

We recognise the importance of clear and accessible information on testing setting out the purpose and when to use different types of tests. Videos, leaflets and guidance regarding the types of testing available and how and when to access them have been developed to provide information to the public, and specifically for groups and settings accessing regular asymptomatic testing under the five strands of the strategy. This has involved listening to feedback from local partners and stakeholders, especially in relation to action on results, and providing further guidance and clarity on the performance of the tests and the different roles of lateral flow and PCR tests. We launched a survey in June for people who are testing regularly across different groups to better understand people's experience, additional communication needs and help plan what kind of testing we should offer in the future.

Financial Implications – None additional.

Recommendation 8

The Welsh Government should regularly monitor and review the information being given out by contact tracing staff. This should be accompanied by an ongoing training programme to ensure consistent messaging in relation to the support available for those having to self-isolate.

Response: Accept

Informing people about the support available to self-isolate is a priority for contact tracing. As such all contact tracer guidance is continually reviewed and refreshed to ensure that it is up to date and accurate. For example, contact

tracing scripts were recently updated when the new, more generous Self-Isolation Support Scheme went live so that the payment is now specifically mentioned during the initial conversation with those who have been asked to self-isolate.

In addition, a separate text is now sent with a message about the Self-Isolation Support Scheme and the individual's case number to prompt them to apply for the payment and a targeted communications campaign was launched in March to increase awareness of financial support available via the Self Isolation Support Scheme.

Furthermore, a Contact Tracing and Behavioural Insights' group was formed in November 2020, in recognition of the fact that the contact tracers are gatekeepers for 'Protect' interventions and play a key role in enabling cases and contacts to adhere to self-isolation. Through this group, PHW conducted insight work with the contact tracing workforce and developed a 'Train the Trainer' programme for contact tracer trainers across Wales.

This training covers the behavioural insights needed for contact tracers to support cases adhere to self-isolation, including enabling access to 'Protect' interventions around financial and mental health support. This training is currently being delivered to contact tracer trainers across Wales.

In addition, to continue our ambition to improve the service, incoming telephone lines have been in place since the start of April across local contact tracing teams to allow the public to quickly and easily seek advice, raise questions and request support.

Financial Implications – None additional.

Recommendation 9

The Welsh Government should evaluate the rates of self-isolation compliance, with a view to understanding the potential barriers to self-isolation and whether any further action is required to address them.

Response: Accept

On Friday 30 October, the Welsh Government announced a scheme to provide support for people who are required to self-isolate because they or someone they have been in contact with has tested positive for Covid-19. The Self-isolation Support Scheme is designed to remove the financial barriers that some people face when asked to self-isolate. The scheme is specifically intended for people who are in employment or self-employment and who will lose income as a result of being asked to self-isolate by NHS Wales Test, Trace, Protect service.

Latest data show that there is a 42% acceptance rate of applications across local authorities. Work has been undertaken in order to identify improvements to the eligibility and accessibility of the scheme. The latest changes to the scheme took effect from 7 June 2021 and ensures that more people will be able to receive financial support they need in order to successfully self-isolate at home.

Throughout March and April, the Welsh Government implemented a pilot to encourage self-isolation in Cwm Taf Morgannwg (CTM). To support the CTM Community Testing Programme, people who tested positive or were identified as a close contact were referred to the CTM Self-isolation Helpline and offered additional support with food and essential items to help them self-isolate and reduce transmission. In total, 47 referrals were made to local food networks across all 3 local authority areas which has supported over 130 people to self-isolate at home. A full evaluation of the pilot is underway and will identify how many people complied with self-isolation regulations, if the support offered helped people to self-isolate and reduce transmission and will also address if further Protect support can be offered.

We are working with Protect colleagues to develop a similar approach to extending Protect support in North Wales. We are working with Betsi Cadwaladr Health Board, local authorities, the voluntary sector and community groups to launch pilots in five deprived communities to test a holistic approach to supporting communities.

Each Covid Support Hub offers the same core services:

- Lateral Flow devices for asymptomatic testing
- Information on finance and debt
- Support with fuel and food poverty
- Mental health support and counselling
- Digital inclusion

Within the first month, the pilot has successfully issued hundreds of lateral flow device tests, reflecting the concerns locally around Covid transmission and new variants. We have collected case studies which evidence that individuals are accessing the wider offer of services, and linking different aspects to offer wide-ranging support.,

Financial Implications – None additional.

Recommendation 10.

The Welsh Government's NHS recovery plan must be detailed and specific, and contain measurable milestones and any planned service changes, so that people know what to expect, and the Welsh Government can be held to account.

Response: Accept

On 22 March 2021 the Minister for Health and Social Services, together with the Deputy Minister for Health and Social Services and the Minister for Mental Health, Wellbeing and Welsh Language published *Health and Social Care in Wales – COVID-19: Looking Forward* (hereafter referred to as Looking Forward)

<https://llyw.cymru/gwella-iechyd-gofal-cymdeithasol>

<https://gov.wales/improving-health-and-social-care>

Looking Forward sets out the significant impact of COVID-19 on society and on health and social care services over the past 12 months. It identifies some of the opportunities and risks, looking ahead to the next phase of the pandemic response and towards recovery. The document sets out a range of priorities, which the whole health and social system will pursue in the coming months and years.

Looking Forward is a high level view of 'where we are now' and 'where we want to be'. There is recognition that a firm timescale for recovery in the face of the continued pandemic and the current uncertainties is not possible. That

is why *Looking Forward* sets out an approach rather than a definitive plan. The aim will be to continue to work alongside the NHS and social services to develop more detailed plans as the pandemic eases, building towards sustainability and recovery as quickly as possible recognising the enormity and complexity of the challenge which lies ahead.

Alongside *Looking Forward*, the [National Clinical Framework](#) was also published in March 2021. This provides a guide to the development of healthcare services, and in turn is supported by a number of more specific documents which will describe expectations in a range of specific service areas. The Cancer Services Quality Statement is the first of a series which sets the vision, ambition and expectations for improved outcomes for people in Wales. This will be accompanied by Quality Statements for other major conditions over the coming months.

<https://gov.wales/quality-statement-cancer>

<https://gov.wales/quality-statement-heart-conditions>

[Welsh Government provided £100m non recurrent investment in support of the early implementation of *Looking Forward*. Health boards and NHS Trusts have developed plans to begin to tackle the growth in waiting lists which has occurred over the past 16 months as a result of the pandemic.](#)

[NHS annual plans for 2021-22 are also being finalised and will be submitted to Welsh Government by 30 June 2021. These will provide further details on the recovery milestones.](#)

Financial Implications – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support early implementation of *Looking Forward*.

Recommendation 11.

The Welsh Government should work with health boards to facilitate the sharing of good practice on communicating with and supporting patients who are waiting for hospital treatment.

Response: Accept

Welsh Government and the NHS are extremely concerned about the impact

on patients who are experiencing long waits for treatment and clinical reviews (both new and follow up appointments).

A national communications approach has been agreed with all health boards and whilst initially aimed at patients waiting over 52 weeks for their first outpatient appointment, this will extend to all waiting at first outpatient (over 16 weeks in due course, the priority is those waiting over 52 weeks) and those waiting for a follow up appointment. Work is in place to ensure that those waiting for treatment are kept well whilst waiting.

An agreed national letter has been developed, supported by a questionnaire to understand the patient's current condition. The letters were sent to patients from May 2021 onwards to ensure that patients are on the correct waiting lists. Processes for clinical assessment and review have been agreed and implementation started at the end of May. This will take time to complete, but the intention is that once all those waiting over 52 weeks have been contacted, that health boards will contact those waiting over 36 weeks and then 26 weeks. These have been developed collaboratively and the Planned Care Programme will continue to facilitate the sharing of best practice in this area.

Financial Implications – None additional.

Recommendation 12.

The Welsh Government should set out how its NHS recovery plan will align with and build on existing service transformation, how learning from successful schemes will be mainstreamed, and how the extent and impact of service transformation will be monitored and evaluated to ensure that it is delivering against the Welsh Government's priorities.

Response: Accept

Health and Social Care in Wales – COVID-19: Looking Forward, published recently, sets out the approach to rebuilding the health and social care system in Wales and reinforces the message that Wales must take advantage of the benefits that dealing with the pandemic brought. Looking Forward makes clear that tackling inequalities in health must be at the centre of the rebuild in Wales.

There is recognition of the greater role technologies can play in supporting patients to access advice and care. A dedicated chapter on effective digital support sets out how NHS Wales was able to introduce new digital systems nationally at pace, and shows how professionals and patients can quickly switch to new technology enabled ways of working. Remote working, video consultations and large scale diagnostics like COVID-19 testing quickly became the norm, with the NHS COVID-19 App having been downloaded over 700,000 times as at March 2021.

The pace of digital transformation must be retained. Likewise the investment which has been made recently in digital infrastructure and services must be built upon. Welsh Government has already confirmed an increased investment in digital transformation to £75m for 2021-22, alongside the establishment of Digital Health and Care Wales and a £10m increase in core funding for our national digital services organisation.

To capture service transformation and innovative practices that have emerged during the pandemic response, an NHS Wales Covid-19 Innovation and Transformation study was run across NHS Wales Health Boards and Trusts, demonstrating successful themes and case studies that can enable, scale and sustain innovative and transformative ways of working.

A study of the findings has been produced by Swansea University, funded in partnership by Welsh Government, Aneurin Bevan UHB and HEIW.

A summary report was published in March 2021 and highlighted the main themes emerging:

- Flexible staff resource
- Staff wellbeing
- Working together
- Accelerated decision making
- Sustaining the pace of innovation
- Digital access and confidence
- Embracing new technology

The full report and case studies were published on 23 June 2021:

<https://www.nhsconfed.org/publications/nhs-wales-covid-19-innovation-and-transformation-study-report>

Financial Implications – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support immediate actions in response to the priorities identified in *Looking Forward*.

Recommendation 13/14

The Welsh Government's NHS recovery plan should include actions and resources for further research into long COVID and for ensuring that people and communities across Wales have consistent and equitable access to the services they need for long COVID diagnosis, treatment, recovery and rehabilitation in a range of settings

The Welsh Government should engage in a public awareness campaign to ensure the risks, impact and long term implications of long COVID are fully understood by the public, especially as the vaccine rollout continues and lockdown restrictions begin to be eased.

Response: Accept

Welsh Government recognises the potential impact of long-COVID for individuals, communities and health and social care services. Wales participated in the development of the NICE guidance published on 18th December 2020 (<https://www.nice.org.uk/guidance/ng188>) and is actively engaged in UK and international research studies. The Technical Advisory Group paper published 'Long-COVID – what do we know and what do we need to know?' (<https://gov.wales/technical-advisory-group-long-covid>) in February.

Dr Andrew Goodall wrote to NHS Chief Executives on 22nd February 2021 to set out Welsh Government expectations of services in the All Wales Community Pathway for Long-COVID. Since then each Health Board has worked with GP practices and community services to put in place local pathways to ensure people with Long-COVID can access the majority of the services they need, be that multi professional assessment, investigation, treatment and rehabilitation support as close to home as possible from primary and community care services. People who require access to more

specialist services only available from hospital based services are referred to those services and GPs can access specialist advice from hospitals to support people in the community. Services are based on the principles of avoiding harm, promoting and supporting self-management and value based, seamless care from the right health professionals or service, at or as close to home as possible. People with Long-COVID may have an extremely wide range of symptoms and needs so care, treatment and rehabilitation will be in line with the NICE clinical guideline and tailored to each person's specific health and wellbeing needs.

Health and Social Care in Wales –COVID-19: Looking Forward references the impact that Long COVID has on some people, whether patients or staff and recognises the need to understand more about how this impacts on people receiving treatment, care and support, unpaid carers and the social care workforce. *Looking Forward* recognises the need to support the management of Long-COVID as the health and social care system build their plans for the future.

NHS Wales has developed a Long-COVID Community of Practice group, which includes leads from every health board working together to standardise care and share the emerging knowledge, understanding and learning of this new condition. This is particularly important given the wide range of symptoms that people are experiencing, requiring a range of professional expertise to be available while minimising multiple appointments and assessments. In order to ensure consistency, all Health Professionals are now able to access the digital All Wales guideline for the treatment of long COVID which includes tutorials and advice on how to support patients, including referral mechanisms to local services.

Communication with health professionals is also underway to raise awareness of the needs of people with Long-COVID and the local pathways into services

in order that they can quickly and effectively direct people to local services when they approach any health provider.

Other supportive guidance has been developed to support health professionals in supporting those who have suffered ill effects as a result of the pandemic.

Throughout the pandemic, as we have learned more, we have adapted our messaging to the public in order to support the key underlying principle to 'Keep Wales Safe'. As such we would envision that messaging to the population after the success of the vaccination programme, will need to incorporate the other harms that may result from COVID 19.

Financial Implications– The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support the immediate actions in response to the priorities identified in Looking Forward. £5m has been announced to support the work in developing services for those with long COVID and others affected by the pandemic. The money will be focussed in primary and community care.

Recommendation 15.

The Welsh Government should ensure its COVID-19 NHS recovery plan includes an ongoing emphasis on identifying and addressing health inequalities through targeted and tailored interventions, transparent data publication, collaborative working with stakeholders and communities, and effective communication and engagement that builds public confidence across Wales.

Response: Accept

Health and Social Care in Wales –COVID-19: Looking Forward sets out the significant impact of COVID-19 on society and on health and social care services. It sets out a realistic approach to building back the health and care system in Wales, in a way that places fairness and equity at its heart.

<https://llyw.cymru/gwella-iechyd-gofal-cymdeithasol>

<https://gov.wales/improving-health-and-social-care>

Looking Forward is centred on inequalities and contains a dedicated chapter on the impact of COVID-19 and inequalities in health. COVID-19 has exacerbated the health and economic inequalities that already exist but it has also deepened our understanding of these issues.

COVID-19 has had a disproportionate impact on Black, Asian and Minority Ethnic communities in Wales but inequalities can be seen across other communities and groups as well. Alongside ethnicity, the impact of COVID-19 has been greater for those suffering from obesity and multiple health conditions. *Looking Forward* recognises that having more than one illness or condition is associated with poorer outcomes for COVID-19. Additional support was required for some groups, such as people who were shielding, who have unequal access to a range of resources, including health and social support. Obesity has also been seen to be a consistent factor for hospitalisation, admission to intensive care and death.

During the last 16 months it has become more evident from the rates of infections and transmissions of the virus that those living in deprived communities have suffered disproportionately. Poorer housing conditions, more overcrowding, using public transport, or working in lower paid jobs has meant that many people have seen and felt the impact of COVID-19 very close to home.

Looking Forward highlights the importance of continuing research to understand what the risk factors are for vulnerable people and how best these can be reduced, whether by vaccination, treatment or wellbeing interventions. Disparities in living conditions that have negative impacts on the health and wellbeing of people in Wales, must be reduced. Access to secure and good quality housing is important, and the support offered to those who are homeless during COVID-19 needs to be built upon. *Looking Forward* reinforces the need to provide support for the most vulnerable parts of Welsh society as the health and social care system is rebuilt.

The actions within *A Healthier Wales* were reviewed in March 2021 to ensure that our long term plan for an integrated health and care system remains relevant as we deal with the challenges ahead.

New actions have been introduced to focus on health inequities, mental

health, children and young people and decarbonisation to ensure the health and social care system in Wales is open, transparent and supporting everyone.

Financial Implications – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support immediate actions in response to the priorities identified in *Looking Forward*.

Recommendation 16.

The Welsh Government should provide assurances that the health and social care workforce strategy, and any subsequent detailed workforce plan, will ensure that the workforce has the capacity, resilience and the appropriate skills mix to respond to the ongoing pandemic, and deliver service recovery and transformation

Response: Accept

Workforce planning, engagement and flexibility have been paramount during the pandemic, but it also highlighted workforce as the key constraint and this is expected to continue over the recovery period. The scale of workforce challenges, and opportunities, will impact on all areas of service planning and delivery as non-covid activity is gradually increased.

Workforce capacity and planning will remain a significant focus for health boards and trusts at a local and regional level. Nationally, the Health Education and Improvement Wales Annual Plan for 2021-22 will be the delivery plan for the health components of the workforce strategy.

Enabling staff to rest and recover and their ability to support system recovery while continuing to deliver Test, Trace, Protect and the mass vaccination programme will be fundamental to our success.

Financial implications - none additional

—
**Equality and Social Justice
Committee**

—
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To the Chairs of:

the Climate Change, Environment, and Infrastructure Committee; the Culture, Communications, Welsh Language, Sport, and International Relations Committee; the Finance Committee; the Health and Social Care Committee; the Legislation, Justice and Constitution Committee; the Petitions Committee; and the Public Accounts and Public Administration Committee

10 August 2021

Dear Chair,

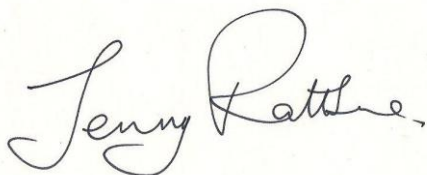
Joint working between committees in the Sixth Senedd

As the Senedd committee responsible for scrutinising all aspects of equality, social justice, and the Well-Being of Future Generations Act, our broad remit includes a number of important cross-cutting issues of mutual interest and potential joint working.

On behalf of the Equality and Social Justice Committee, I would like to invite you to consider opportunities for joint working as part of any strategic planning discussions you may be having in your Committee in the autumn term. If your Committee has any ideas for joint working you would like to discuss, please contact the clerking team.

I am writing in similar terms to other Chairs of Senedd Committees.

Yours sincerely,



Jenny Rathbone MS
Chair of the Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.



Our Ref: AH/SMM

11 August 2021

Jenny Rathbone MS
Chair
Equality and Social Justice Committee

Dear Jenny

I recently met with RNIB Cymru (Royal National Institute of Blind People) and was interested to learn more about the challenges that people with sight loss face daily in Wales.

Since the pandemic, blind and partially sighted people have faced additional challenges, some exacerbated by the necessitated changes and restrictions. For example, social distancing is by definition more difficult – if not impossible – for those who cannot use vision to judge distance.

I understand that there have been and continue to be issues with the accessibility of public health information. For example, letters inviting individuals for a vaccine, have not routinely been available in accessible formats. Information available and guidance at vaccine centres has not been accessible and we have heard of the particularly poor experiences of some individuals with sight loss going to receive their vaccine. I feel this is a matter of equality. Blind and partially sighted members of our community should have equal access to care.

In eye care, we know that the pandemic has meant a huge backlog of appointments across all eye conditions. However, even before coronavirus, people were losing sight because of the phenomenal waiting times. In January 2021, of the highest risk category patients, 57.3 per cent – **nearly two thirds of the waiting list** – were beyond target and therefore listed as being at risk of irreversible harm or significant adverse outcome.

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The Welsh Government introduced Eye Care Measures in 2018 to support Health Boards to prioritise patients based on their clinical needs. As the first country in the UK to have dedicated targets for eye care, these should be welcomed, but what we have now is stark evidence as to the scale of the problem being faced. No one should lose their sight because of needless waits for treatment.

Given the disproportionate impact that this community continues to feel, I would be keen to bring the challenges to the attention of the Committee.

Yours sincerely

Altaf

Dr Altaf Hussain
Shadow Minister for Equalities

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Altaf Hussain MS

August 11th 2021

Dear Altaf

Your meeting with RNIB Cymru

Thanks very much for letting me knowing about your recent discussion with RNIB.

The 57% of people waiting to be seen for an eye appointment who are now deemed at risk of losing their sight because of the amount of time they have been waiting is pretty scary. This is probably best followed up by the Health Committee as a lot of this will be about the efficiency with which eye patients are being appropriately triaged to the full range of eye clinicians and the extent they are using IT images taken by the high street optometrist to flag up people that need to be seen urgently. So I will pass on your letter to Russell George as Chair of the Health Committee.

All the other issues are important equality concerns which we can include in our discussions at our next strategy meeting in September.

Yours sincerely,



Jenny Rathbone MS

Chair of the Equality and Social Justice Committee

CC Russell George MS, Chair of the Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Ein cyf/Our ref MA/EM/1562/21

Russel George MS
Chair
Health and Social Care Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

27 August 2021

Dear Russell,

HEALTH, SOCIAL CARE AND SPORT COMMITTEE'S REPORT ON HEALTH AND SOCIAL CARE PROVISION IN THE ADULT PRISON ESTATE IN WALES

Please see attached our response to the recommendations made by the previous Senedd Committee's report entitled 'Health and social care provision in the adult prison estate in Wales'. As the Deputy Minister for Mental Health and Wellbeing was a member of the committee at the time, she has noted the response for information on this occasion, to avoid any potential conflict of interest.

The attached document sets out our responses to each recommendation.

Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau
Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau
Cymdeithasol
Deputy Minister for Social Services

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

WELSH GOVERNMENT RESPONSE TO RECOMMENDATIONS FROM THE HEALTH & SOCIAL CARE COMMITTEE: INQUIRY INTO HEALTH AND SOCIAL CARE PROVISION IN THE ADULT PRISON ESTATE IN WALES

AUGUST 2021

Recommendation 1

The Sixth Senedd committee with responsibility for health and social care in the adult prison estate in Wales should seek a response to our recommendations from the Welsh Government in the Sixth Senedd, monitor what progress is being made, and include follow-up work on these issues at an appropriate point in its work programme.

Response: N/A for Welsh Government

This is matter for the Sixth Senedd Committee to consider.

Financial Implications – None. This is a matter for the Senedd Committee.

Recommendation 2

The Welsh Government should provide further information about the membership and work programme of the Prison Health and Social Care Oversight Group (PHSCOG), and commit to publishing the PHSCOG's agendas and minutes on an ongoing basis.

Response: Accept

The Welsh Government will provide information on the Prison Health and Social Care Oversight Group (PHSCOG), as set out in the recommendation. The information will be provided on the Welsh Government's website by the end of October 2021 with accompanying agendas and minutes published at the appropriate time after each meeting.

Financial Implications – None. The staffing and administrative costs associated with undertaking this will be absorbed within administrative budgets.

Recommendation 3

The Welsh Government should work with Her Majesty's Prison and Probation Services (HMPPS) to ensure that the work of the Parc Contract Expiry Board includes the development of robust inspection arrangements that are consistent with the arrangements in place for public sector prisons in Wales.

Response: Accept

We are assured the Parc Contract Expiry Board includes the development of robust inspection arrangements that are consistent with other public sector prisons. The prison and the Local Health Board have re-established the Prison Health and Social Care Partnership Board and if necessary issues that can't be resolved locally can be escalated in line with other prisons to the Prison Health and Social Care Oversight Group.

Financial Implications – None. The staffing and administrative costs associated with ongoing engagement with the Parc Contract Expiry Board will be absorbed within administrative budgets.

Recommendation 4

The Welsh Government should use the first suitable legislative vehicle to bring forward amendments to the Public Services Ombudsman (Wales) Act 2019 to include the Prisons and Probation Ombudsman in the list of bodies with whom the Public Services Ombudsman for Wales can cooperate in an investigation

Response: Accept in Principle

The Welsh Government will discuss this further with Her Majesty's Prison and Probation Services (HMPPS) and the Public Services Ombudsman to explore the implications of amending legislation to expand the remit of the Prisons and Probation Ombudsman (PPO) and for the additional investigative cooperation.

Financial Implications - The financial implications of this will be addressed as part of the negotiations which will take place with the with Her Majesty's Prison and Probation Services (HMPPS) and the Public Services Ombudsman

Recommendation 5

The Welsh Government should make representations to the UK Government to extend the role of the Prisons and Probation Ombudsman

to enable them to question professional and clinical judgement when exercising their function of investigating complaints about health services in privately-run prisons in Wales.

Response: Accept in Principle

The Welsh Government will discuss this further with HMPPS and the Prisons and Probation Ombudsman (PPO) to establish whether there is any flexibility legislatively to expand the remit of the PPO for the additional clinical investigation.

Financial Implications - The financial implications of this will be addressed as part of the discussions which will take place with the with Her Majesty's Prison and Probation Services (HMPPS) and the Public Services Ombudsman

Recommendation 6

The Welsh Government, working with its partners through the PHSCOG, should publish an annual assessment of the extent to which the Partnership agreement objective that prisoners should be able to access health services to an equivalent standard of those within the community is being met.

Response: Accept

The Welsh Government accepts this recommendation with progress to be monitored through the four work streams under the Partnership Agreement for Prison Health. This will establish standards for offender health care that can be compared across prisons and with the community and will be reported on to the Oversight Board with relevant minutes published.

Financial Implications – None. The staffing and administrative costs associated with undertaking this assessment will be absorbed within administrative budgets.

Recommendation 7

The Welsh Government should provide further details about how it will work with partners to promote better communication between justice, health and social care services on prisoners' release dates and release plans, including what roles the PHSCOG and the NHS Wales Special Health Authority for Digital might play in this work.

Response: Accept in Principle

The Welsh Government has worked in partnership with Public Health Wales (PHW) and HMPPS in Wales to publish specific guidance to support prison releases during the pandemic. Welsh Government officials in housing, pharmacy, mental health, Covid-19, substance misuse and primary care all contributed to its development. During the pandemic we saw significant improvements in this area and will seek to embed these going forward.

This included guidance for prisoners who tested positive with Covid-19 or displaying symptoms on release. This guidance helped ensure accommodation, care and transport support is co-ordinated and suitable for those leaving prison who are diagnosed or showing symptoms prior to release. The guidance was first published on 28 April 2020 and subsequently updated in Autumn 2020 to reflect updates process in custody.

The Welsh Government will continue to work with Digital Health and Care Wales to explore options for the use of IT systems to support better improved information sharing in this respect.

Financial Implications – None. The staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 8

The Welsh Government should provide an update on what consideration has been given to adopting in Welsh prisons the approach in England to ensure prisoners' pre-prison medical records are available to prison health services.

Response: Accept in Principle

The Welsh Government will review the approach in England and establish a working group to considered adoption of this in Wales.

Financial Implications - Any financial implications will depend on the findings of the review of the work in England and then how any approach could be adopted in Wales.

Recommendation 9

The Welsh Government should establish a national performance indicator for attendance at health care appointments, and should work with its partners through the PHSCOG to facilitate the sharing of learning and best practice in respect of the reasons for missed appointments and measures that can be taken to ensure that all prisoners are able to access the health services that they need in a timely fashion.

Response: Accept

A national performance indicator will be developed and a working group will be established to review this recommendation. We will work closely with partners to gather consistent data in this area and share best practice. These reports will also be shared for discussion at the Prison Health and Social Care Oversight Group.

Financial Implications – The staffing and administrative costs associated with establishing a working group will be absorbed within administrative budgets. However, financial implications for the development of the indicator will be addressed as part of the discussions within the working group.

Recommendation 10

The Welsh Government should set out how progress against the priority in the Partnership agreement in respect of mental health will be monitored, including how the contribution of the new national standards will be assessed and whether the ‘national standard’ approach offers any learning for the approach to the provision of other health or social care within the secure estate in Wales.

Response: Accept

As part of plans to implement new mental health standards in the prisons, there will be an ongoing focus on outcomes. The intention is to implement the new standards over a period of 12 months, beginning in 2022. As part of this work, we will review the progress of the new standards to the provision of care and treatment to the men in prison. To support equivalence, where appropriate, it will be important to use the same indicators being developed as part of the Mental Health Core data set to monitor access to services and mental health outcomes in the prisons.

Financial Implications - The staffing and administrative costs associated with this work will be absorbed within administrative budgets. In addition, the development of work on the standards is currently being undertaken by the Royal College of Psychiatrists, under contract to Welsh Government.

Recommendation 11

The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide details of the secure in-patient strategy developed under the revised Together for Mental Health Delivery Plan, outline any additional secure bed capacity that will be delivered as a result, and explain how the subsequent impact on waiting times will be monitored.

Response: Accept

The Welsh Government has recently revised and republished the Together for Mental Health Delivery Plan in response to the impact of COVID-19. The revised plan includes an audit of current secure in-patient provision and a commitment to develop a secure in-patient strategy for Wales. It is anticipated that the audit will be completed and will make recommendations regarding mental in-patient secure services (adults and children and young people) by October 2021.

Financial Implications – None. The staffing and administrative costs associated with this recommendation will be absorbed within administrative budgets.

Recommendation 12

The Welsh Government should set out the anticipated timescales for the development of the standardised clinical pathway for the management of substance misuse in prisons, including how the planned approach to engaging with key stakeholders will be revised to ensure that it is not unduly delayed by the public health restrictions arising from the COVID-19 pandemic.

Response: Accept

In line with the Welsh Government's Substance Misuse Delivery Plan 2019-22, PHW has been commissioned to prepare a revised draft of the "Treatment of Offenders" Substance Misuse Treatment Framework (SMTF) to the Welsh Government. The draft SMTF will be considered as part of engagements events PHW will resume following postponement due to COVID-19. Engagement with all relevant prison and community-based roles through virtual workshops during

Phase 1 took place in May/June 2021 and focused on describing the clinical management pathway and identifying barriers and solutions to effective and equitable implementation.

The findings from Phase 1 are being collated and shared with the task and finish group which oversees the development of the framework. Phase 2 workshops will involve cross setting/cross discipline/role engagement to address implementation issues across the prison estate and ensuring issues of continuity of care, information management and ongoing monitoring and evaluation. Phase 2 workshops will be undertaken during September/October 2021. The aim is to provide a final draft of the SMTF to Welsh Government for Ministerial approval by December 2021.

Financial Implications - The staffing and administrative costs associated with this work will be absorbed within administrative budgets. In addition, the development of work on the standards is currently being undertaken by PHW, under contract to Welsh Government.

Recommendation 13

The Welsh Government should provide an update on the Deep Dive Group's revised priorities and work plan, including how its progress in removing barriers faced by prisoners and ex-offenders with co-occurring substance misuse and mental health issues who are seeking to access support in prison or post-release will be monitored.

Response – Accept in Principle

The Substance Misuse/Mental Health Deep Dive group is currently updating its work plan, which is focussed on ensuring access to community based services for all individuals, including ex-offenders. We will provide an update on the work of the group to the Committee by March 2022, including monitoring arrangements. The key focus of this group is to remove barriers to accessing integrated, wrap around services for all groups within the community which will include but not specifically aimed at ex-offenders.

In addition, The "Treatment of Offenders" Substance Misuse Treatment Framework focusses on and addresses the issues directly relating to prisoners with co-occurring substance misuse and mental health issues.

Financial Implications – None. The staffing and administrative costs associated with this work will be absorbed within administrative budgets.

Recommendation 14

The Welsh Government should write to the Sixth Senedd committee with responsibility for prison health care to provide an update on discussions with HMPPS about the potential benefits of establishing an Expert Advisory Group for Medicines.

Response: Accept

We will take this work forward as part of the joint Welsh Government/HMPPS Partnership Agreement Medicines Management Work stream, which is creating consistent standards for prescribing across the prisons and will be informed by Expert Advisors for Medicines.

Financial Implications - The staffing and administrative costs associated with this work will be absorbed within administrative budgets. In addition, the development of work on the standards is currently being undertaken by the Royal Pharmaceutical Society, under contract to Welsh Government.

Recommendation 15

The Welsh Government should work with partners to develop and implement a dementia pathway for prisoners held in Wales. This should include the introduction, as a matter of urgency, of screening and early diagnosis for dementia in public sector prisons in Wales, as well as arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.

Response: Accept

The mental health standards for the prison include a specific focus on dementia. The standards for dementia support in the prisons reflect the recently published dementia standards for the community.

<https://phw.nhs.wales/services-and-teams/improvement-cymru/news-and-publications/publications/dementia-standards/>

Financial Implications - The staffing and administrative costs associated with this work will be absorbed within administrative budgets. In addition, the development of work on the standards is currently being undertaken by the Royal College of Psychiatrists, under contract to Welsh Government

Recommendation 16

The Welsh Government should work with partners within the health work stream of the Parc Contract Expiry Board to ensure that the service specification for health and social care services at HMP Parc includes screening and early diagnosis for dementia, and arrangements to ensure that people who are diagnosed with dementia receive the care and support they need.

Response: Accept

The Health Specification for HMP Parc is currently being developed by HMPPS in Wales in collaboration with Cwm Taf Morgannwg University Health Board, the Welsh Government and other key stakeholders. It includes a specific focus on the needs of older men in prison and the need for a dementia pathway.

Financial implications – None. The staffing and administrative costs associated with the engagement with the Parc Contract Expiry Board will be absorbed within administrative budgets.

Recommendation 17

The Welsh Government should work with partners through the PHSCOG to develop and implement training for prison staff—including those providing health and social care services—on supporting older prisoners and prisoners with dementia.

Response: Accept

Plans to provide dementia training for National Health Service (NHS) and HMPPS staff were put on hold in light of the pandemic. This is a priority in the Recovery Plan drafted for the prisons in Wales. It is also a commitment in the Welsh Government's Action Plan for Dementia. Welsh Government officials are engaging with members of the Learning and Development Sub Group of the Dementia Oversight of Implementation and Impact Group (DOIIG) to take this important commitment forward, as we enter a recovery phase for the prisons.

Financial implications - The staffing and administrative costs associated with making undertaking this work will be absorbed within administrative budgets. Discussions with the Learning and Development Sub Group of the DOIIG will ascertain some of the costs of implementing this training.

Recommendation 18

The Welsh Government should set out how the PHSCOG's agreed national priorities for older prisoners will be integrated into the priorities set out in the Partnership agreement, what actions will be taken to implement them, and how any improvements in the approach to meeting the needs of older prisoners will be monitored and assessed.

Response: Accept

As the Committee has identified, equivalent rights are owed to those in the secure estate as they are to those in the external community. That requires leadership across all partners in Wales to deliver those rights. The PHSCOG is delivering work stream activities such as the Prison Environment and the development of the Dementia Pathway. This will enable prisoners and the workforce to identify opportunities and address the challenges that have a distinct impact on older prisoners as part of coherent and integrated whole-prison approach.

The Welsh Government will also continue to lead, facilitate and empower partners to embed those rights through planning, commissioning and delivery activity at every level. Prison Health and Social Care Partnerships provide a cross-sector environment to identify barriers and to build and share solutions that improve outcomes for prisoners across the secure estate in Wales. The PHSCOG will continue to provide leadership and support for Partnerships to achieve their priorities.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 19

The Welsh Government should work with partners through the PHSCOG to prioritise activities within the prison environment workstream according to their respective urgency and importance. This should include identifying any quick wins or learning arising from changes to prison environments or regimes during the pandemic, and ensuring that there are no unnecessary delays in implementing improvements that could positively affect prisoner health and wellbeing.

Response: Accept

Within the context of the joint Welsh Government/HMPPS Partnership Agreement, work on improving the Prison Environment work stream is ongoing and led by HMPPS. The prison response to the pandemic will be included as key

learning, and we will capture what changes took place as well as what new practices we want to keep and expand. The forward plan for this work stream is under review to ensure that the interventions with the biggest impact will be undertaken first. Updates on progress under this workstream are provided to the PHSCOG.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 20

The Welsh Government should set out how the joint health and social care workforce strategy published in October 2020 will address recruitment and retention issues in respect of the prison health and social care workforce.

Response: Accept

The Health Education and Improvement Wales and Social Care Wales workforce strategy, launched in October 2020, establishes a system wide workforce transformation and ensure workforce sustainability for the future. The reach of workforce development within the strategy will extend to health board employed staff providing prison healthcare.

Further development will be informed by the outcomes of our recent consultation on improving social care arrangements and strengthening partnership working which reinforced how the continuity of the social care workforce has a significant impact on the well-being outcomes people achieve.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 21

The Welsh Government should reach agreement with the UK Government on the establishment of a fair, sufficient and sustainable baseline Health and social care provision in the adult prison estate in Wales for funding via the Welsh Block of the health care provision in the public sector prisons in which the Welsh Government has responsibility for health care provision. This should be underpinned by robust and evidence-based assessments of the health care needs in these prisons, and should include an uprating mechanism that is sufficiently flexible to take account of inflation, the forecasted prison population, and any changes in health care needs.

Accept in Principle

The Welsh Government will consider this recommendation in more detail and work with HMPPS with a view to strengthening the assessment of health care needs in prisons. Once undertaken, consideration will be given on how best to present this back to the UK Government (MoJ) to support future funding discussions.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets. The costs of implementation will depend on discussions with the UK Government.

Recommendation 22

Regardless of how health care in each prison in Wales is funded, the Welsh Government should work with relevant partners through the PHSCOG to collate, review and publish information about the costs of health care provision across all six prisons in Wales, and to facilitate benchmarking and the sharing of best practice.

Response: Accept

Following the Health, Social Care and Sport Committee session in January 2020 (attended by the Minister for Health and Social Services), the Welsh Government wrote to the relevant Health Boards regarding funding for primary and secondary healthcare services in the prison estate. Information was requested on costs associated with providing primary and secondary health services in the prisons, which were being met by the Health Boards (including annual capital, revenue and staffing costs for providing healthcare). However, collecting this baseline information was postponed in light of the pandemic. We will be requesting an update from the relevant Health Boards on this issue by the end of November 2021 this year.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 23

The Welsh Government should monitor the level of demand, provision and spend in respect of social care provision in prisons in Wales, and should provide assurances to our successor committee in the Sixth Senedd that neither the funding model nor the overall level of funding are preventing people held in Welsh prisons from accessing the care and support they need.

Response: Accept in Principle

Every prisoner has the same rights as those in the community to an assessment of their needs for care and support under the Social Services and Well-being Act 2014 and for their eligible needs to be met. The Prison Health and Social Care Partnerships provide cross-sector scrutiny and accountability to ensure those rights are secured. We will consider how those roles and outcomes can be reflected and aligned with the re-assurances provided as part of the arrangements under recommendation 6 and similar recommendations made by the Committee.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 24

The Welsh Government should set out the timescales within which it anticipates restarting work on the development of a set of national performance indicators, by when it expects the indicators to be in place, and how and when performance against the indicators will be reported and published.

Response: Accept

Work on the development of a set of national performance indicators had been paused as priorities shifted during the pandemic response. The Welsh Government has now resumed this key piece of work, and will create a draft set of indicators over the next twelve months. Following this, performance against the indicators will be reported and published every 12 months.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 25

The Welsh Government, working with partners through the PHSCOG, should identify, develop and regularly publish Wales-specific datasets in respect of the current and forecast prison population.

Response: Accept in Principle

This is a matter for HMPPS to consider taking forward as it relates to the prison population.

The Welsh Government has contacted HMPPS in Wales who have agreed to re-establish a working group to identify where the current data gaps are and develop ways to consistently access this data for all Welsh Prisons and to regularly publish the data sets. The Welsh Government and PHW will be invited to join this group as key members.

Financial Implications – None. This is a matter for HMPPS.

Recommendation 26

The Welsh Government should include within its COVID19 dashboard information about the number of COVID-19 cases and deaths among prisoners held in Wales, and the number of COVID-19 vaccinations offered and taken up among the prison population.

Response: Accept

This information is monitored and held by PHW. Welsh Government officials work with PHW and other partners to consider whether, and how, this can be fed into the Welsh Government's Covid Dashboard.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Recommendation 27

The Welsh Government, working with partners through the PHSCOG, should consider what could be learned from ways of working adopted during the pandemic, including the potential contribution of digital and remote technologies to improving prisoners' access to health and social care services.

Response: Accept

There are a range of actions that have been undertaken in response to the pandemic. This includes approval for the use of Attend Anywhere remote consultation software in Welsh prisons, the use of consultant Connect, and providing access to the Community Advice & Listening Line (C.A.L.L) Mental Health Helpline for Wales in all prisons in Wales and a reworking of pharmacy services to be delivered safely during the pandemic. In addition, the use of injectable buprenorphine was introduced as part of 'Through the Gate' planning for those with opioid dependency. Consideration is, and will be, given on ensuring that areas of best practice are adopted where appropriate.

Financial Implications - the staffing and administrative costs associated with undertaking this work will be absorbed within administrative budgets.

Llywydd

Chair, Business Committee

16 August 2021

Dear Llywydd

Sixth Senedd committee timetable

Thank you for your letter of 14 July 2021 regarding the Sixth Senedd committee timetable. As Business Committee intends to keep the timetable under review, I am writing to outline the initial views of Health and Social Care Committee members. We will, of course, be happy to provide further feedback in due course to inform Business Committee's review.

I am copying this letter to Jayne Bryant MS in her capacity as Chair of the Children, Young People and Education Committee.

Fortnightly meeting slots and 'protected weeks'

We plan to devote some time early in the autumn to developing a strategic approach to our remit; this will include considering how we will prioritise the formal meeting time available to us. Nevertheless, we have some initial concerns about the potential impact of the timetable on our ability to organise our work flexibly, to move swiftly, and to work with agility to respond to emerging issues or undertake time critical activity.

For example, we note that the combination of fortnightly meetings and protected weeks means that we will have significantly fewer meetings and less total meeting time than our predecessor committee would have had in the 1.5 meetings per fortnight pre-pandemic Fifth Senedd committee timetable. Similarly, while the total meeting time available to us will be broadly similar to the time available to our predecessor within the pandemic timetable, the move to fortnightly meetings may constrain the flexibility of our work programme, our ability to respond to emerging issues, and the potential to accommodate stakeholder availability without detriment to the pace of our work or the rigour of our evidence-gathering and scrutiny.

All day meetings

The majority of Health and Social Care Committee members represent constituencies or regions in North Wales or Mid and West Wales. At our first meeting, we discussed some of the practical issues arising from the allocation of all day meeting slots, including potential fatigue and wellbeing issues associated with lengthy virtual or hybrid meetings, and the travel time associated with hybrid or physical meetings for Members who represent constituencies and regions some distance from Cardiff Bay.

While we intend to be flexible in our meeting times according to the requirements of the Committee's business, we do not believe that it will be viable routinely to meet beyond 15.00 on Thursday afternoons.

Potential to request additional formal meeting slots

We welcome the indication that the Business Committee intends to look favourably on requests from committees for additional formal meeting slots to accommodate peaks in workloads or new tasks. We consider that this would be appropriate to accommodate work in respect of the timescales or completion of which committees have limited discretion, for example pre-appointment hearings or referrals by Business Committee of Bills or LCMs. We also note that we have flexibility, subject to Members' availability and Commission resources, to undertake informal activity outside of the formal timetable; although it would not be appropriate or transparent for all activity that would otherwise take place in formal meetings to be conducted informally.

In addition, we note that there is limited scope in the weekly timetable for such additional Health and Social Care Committee activity to be scheduled. This reflects Members' other committee, Commission and Plenary commitments, and the need for time to be available for preparation for formal business and for Members' other important responsibilities. For example, we note with particular concern the proposal that Fridays—which have traditionally been reserved for Members' constituency and regional commitments—should routinely become part of the formal Senedd business timetable to accommodate legislative scrutiny.

Sharing a meeting slot with the Children, Young People and Education Committee

We welcome the potential opportunities that sharing a meeting slot with the CYPE Committee provides in terms of joint working on areas of mutual interest. However, while the two committees will try where possible to avoid placing conflicting demands on our shared stakeholders, the increased rigidity in our work programmes as a result of the fortnightly timetable may make this more difficult.

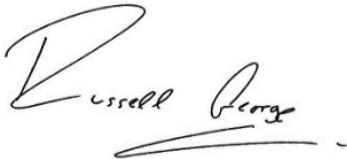
We anticipate that the shared meeting slot may have a particularly acute impact on the Minister for Health and Social Services and her two Deputy Ministers, especially during peak times such as the annual scrutiny of the Welsh Government's draft budget. However, the Ministers are accountable to both committees, and I would expect them to take account of the constraints of the committee



timetable, to be flexible in accommodating requests to give evidence, and to prioritise committee requests over other activities.

Notwithstanding the issues outlined above, I welcome the confirmation in your letter that the Business Committee intends to keep flexibility and responsiveness at the heart of its decisions around timetabling for committees. I hope that the reflections of Health and Social Care Committee members are of assistance in this.

Yours sincerely

A handwritten signature in black ink, reading "Russell George". The signature is written in a cursive style with a long horizontal stroke at the end.

Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

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